



2019/2020 REGISTRATION FORM
TAYLOR MINOR HOCKEY ASSOCIATION
BOX 738 TAYLOR BC V0C 2K0
 Completed forms can be emailed to Registrar:
 registrar@taylorminorhockey.com
 EMT Payment can be sent to Treasurer:
 treasurer@taylorminorhockey.com

PLEASE FILL IN ALL INFORMATION

PLAYER NAME: _____

FIRST _____ LAST _____

BIRTHDATE: _____ **MALE:** _____ **FEMALE:** _____

MM/DD/YR

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

MOTHER: _____ **PHONE NUMBER** _____

FATHER: _____ **PHONE NUMBER** _____

EMAIL: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____

NAME _____ PHONE NUMBER _____

Are you trying out for a Rep Team in another Association? _____

Yes/No _____ Association trying out with _____

		FEE	DUE AT REGISTRATION	CASH/CHEQUE/EMT If using EMT, use Hockey as the password & include your child's name in the comments
LEARN TO PLAY	2015	\$250.00	\$100.00	
PRE-NOVICE	2013/2014	\$300.00	\$100.00	
NOVICE	2011/2012	\$350.00	\$100.00	
ATOMS	2009/2010	\$425.00	\$100.00	
PEEWEE	2007/2008	\$425.00	\$100.00	
BANTAM	2005/2006	\$450.00	\$100.00	
MIDGET	2002/2003/2004	\$450.00	\$100.00	

DISCOUNTS:

1ST CHILD	FULL PRICE	FULL PRICE IS ALWAYS THE HIGHEST REGISTRATION FEE
2ND CHILD	10% OFF	IF YOU HAVE MORE THAN ONE CHILD YOU STILL PAY
3RD CHILD	15% OFF	FULL PRICE FOR THE FIRST CHILD. THE DISCOUNT ONLY APPLIES
4 OR MORE CHILDREN	20% OFF	TO THE SECOND,THIRD,FOURTH OR MORE CHILD(REN)

PLEASE NOTE:

IF YOU REGISTER BEFORE AUGUST 1, 2019 AND PAY IN FULL BEFORE SEPTEMBER 1, 2019 YOU WILL RECEIVE 10% OFF THE TOTAL REGISTRATION FEE. THIS INCLUDES MULTIPLE CHILDREN

If Fees are not paid in full at time of registration a minimum \$100 deposit is required. The \$100 fee is Non-Refunable and is required to be paid by every player before they are allowed on the ice the first day of hockey . This is to insure that all admin fees are covered if player so chooses to leave hockey.

The undersigned certifies the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing the Certificate, I have become subject to the rules, regulations and decisions of hockey Canada it's , Branches and Divisions. I AGREE TO ABIDE BY SUCH RULES,REGULATIONS, AND DECISIONS OF HOCKEY CANADA,BRANCHES OR DIVISIONS. THE INFORMATION REQUESTED ABOVE IS REQUIRED BY HOCKEY CANADA TO FACILLITATE HOCKEY PROGRAMS ON BEHALF OF THE REGISTRANT AND HOCKEY CANADA. HOCKEY CANADA WILL TREAT THIS INFORMATION IN ACCORDANCE WITH HOCKEY CANADA PRIVICY POLICY AT ALL TIMES.

DATE: _____ **SIGNATURE OF PARENT/GAURDIAN:** _____



**2019/2020 MEDICAL FORM
TAYLOR MINOR HOCKEY ASSOCIATION
BOX 738 TAYLOR BC V0C 2K0**

REGISTRAR:
registrar@taylorminorhockey.com

PLEASE FILL IN ALL INFORMATION

PLAYER NAME: _____

FIRST LAST

BIRTHDATE: _____ **CARE CARD #** _____

MM/DD/YR

EMERGENCY CONTACT: _____

PRIOR TO A PLAYER PARTISIPATING IN A HOCKEY PROGRAM, ANY MEDIACAL CONDITION OR INJURY PROBLEM SHOULD BE NOTED. MEDICAL FORMS MUST BE COMPLETED PRIOR TO ANY ON ICE ACTIVITY.

PLEASE CIRCLE AND EXPLAIN:

MEDICAL ALERT BRACLET	YES	NO			
ALLERGY TO MEDICATION	YES	NO	LIST:		
ALLERGY TO FOOD	YES	NO	LIST:		
ON MEDICATION	YES	NO	LIST:		
HISTORY OF CONCUSSION	YES	NO	DATE OF LAST ONE:		
ASTHMATIC	YES	NO	HOSPITALIZED IN THE LAST YEAR	YES	NO
EPILEPTIC	YES	NO	INTERFERING HEALTH PROBLEMS	YES	NO
DIABETIC	YES	NO	ILL LONGER THAN ONE WEEK IN LAST YEAR	YES	NO
HEART CONDITION	YES	NO	SURGERY IN THE LAST YEAR	YES	NO
LEARNING DIABILITY	YES	NO	EXPLAIN:		
HEARING DIFFICULTIES	YES	NO			
WEARS GLASSES	YES	NO	PRESENTLY INJURED	YES	NO
WEARS CONTACTS	YES	NO	EXPLAIN:		
WEARS DENTAL APPLIANCE	YES	NO			

EXPLANATION OF ANY MEDICAL ISSUE NOT NOTED ABOVE:

I UNDERSTAND THA IT IS MY RESPONSIBLTY TO KEEP THE TEAM SAFETY PERSON ADVISED OF ANY CHANGES IN THE ABOVE INFORMATION AS SOON AS POSSIBLE. IN THE EVENT OF A MEDDICAL OR DENTAL EMERGENCY AND THAT NO ONE CAN BE CONTACTED, TEAM MANAGEMENT OR ANYONE ACTING ON BEHALF OF TAYLOR MINOR HOCKEY WILL ARRANGE TO TAKE MY CHILD TO THE HOSPITAL OR A PHYSICAN IF DEEMED NECESSARY. I HEREBY AUTHORIZE THE PHYSICIAN AND NURSING STAFF TO UNDERTAKE EXAMINATION, INVESTIGATION AND NESSESSARY TREATMENT OF CHILD WRITTEN ABOVE. I ALSO AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACH, PHYSICIAN) AS DEEMED NECESSARY.

DATE: _____ **SIGNATURE OF PARENT/GAURDIAN:** _____



2019/2020 PARENT INFO FORM
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BOX 738 TAYLOR BC V0C 2K0

REGISTRAR:
registrar@taylorminorhockey.com

PARENTS PLEASE READ AND SIGN

RESPECT IN SPORT:

INITIAL ONE PARENT, OF EVERY PLAYER IS REQUIRED TO HAVE THE RESPECT IN SPORT (RIS)
PARENT OR COACHES PROGRAM PRIOR TO OCTOBER 1, 2019. PER BC HOCKEY, THERE IS NOW A 4 YEAR EXPIRY
. RIS OR SPEAK OUT COURSES. TO COMPLETE THE COURSE PLEASE VISIT [HTTPS://BCHOCKEYPARENT.RESPECTGROUPINC.CC](https://bchockeyparent.respectgroupinc.cc)
[HTTPS://BCHOCKEYPARENT.RESPECTGROUPINC.COM](https://bchockeyparent.respectgroupinc.com)

CODE OF CONDUCT/FAIR PLAY:

INITIAL ALL PARENTS AND PLAYERS ARE REQUIRED TO READ, AGREE AND ABIDE TO TAYLOR MINOR HOCKEY
ASSOCIATION'S CODE OF CONDUCT. COACHES AND VOLUNTEERS ARE ALSO TO READ, AGREE AND ABIDE BY
TAYLOR MINOR HOCKET ASSOCIATION'S COACHES CODE OF CONDUCT

TMHA POLICY AND PROCEDURES AND CONSTITION:

INITIAL ARE AVAILABLE ONLINE ON OUR WEBSITE www.taylorminorhockey.com
AS A PARENT YOU ARE ASKED TO READ AND REVIEW THE POLICIES AND ADHERE BY ALL THE RULES SET OUT
IN THESE POLICIES.

PHOTO RELEASE:

INITIAL IF FOR ANY REASONS YOUR CHILD'S PHOTOGRAPH CANNOT BE TAKEN OR PUBLISHED
PLEASE CONTACT TMHA EXECUTIVE TO DISCUSS

JERSEYS:

INITIAL TMHA WILL SUPPLY EACH TEAM WITH A FULL SET OF JERSEYS FOR THE SEASON. PLAYER'S JERSEYS
ARE TO BE RETURNED AFTER EACH GAME AND TOURNAMENT TO THE TEAM APPOINTED JERSEY PARENT, AND
TO TMHA AT THE END OF EACH SEASON. FAILURE TO DO SO MAY RESULT IN A FEE TO THE PARENT/PLAYER
FOR REPLACEMENT COSTS OF THE JERSEY

FUNDRAISING:

INITIAL PARENTS OF PLAYERS REGISTERED WITH TMHA ARE REQUIRED TO PARTAKE IN ALL TMHA
FUNDRAISING ACTIVITES IN ORDER TO REMAIN IN GOOD STANDINGS WITH THE ASSOCIATION. FUNDS RAISED
BY PARENTS AND THE ASSOCIATION HELP OFFSET THE COST OF HIGHER REGISTRATION FEES.
FOR REPLACEMENT COSTS OF THE JERSEY

I _____, THE LEGAL GAURDIAN OF _____
PARENT NAME PLAYER NAME

HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS FOR REGISTRATION WITH TAYLOR MINOR HOCKEY
ASSOCIATION AND AGREE TO ABIDE BY THESE REQUIREMENTS IN ORDER FOR MY CHILD TO PLAY.

DATE: _____ SIGNATURE OF PARENT/GAURDIAN: _____