


PLAYER REGISTRATION FORM 2021/2022 Season

All registration forms must be fully completed, signed by parent/guardian, received by Club Registrar and entered into the Hockey Canada Registrar (HCR) with the \$60 insurance fee before any player will be allowed on the ice.

Player Information:

Last Name: _____ First Name: _____
 Mailing Address: _____ Residential Address: _____
 Town: _____ Postal Code: _____
 Date of Birth (m/d/y): _____ Gender: _____
 BC Health Number: _____ Primary Phone #: _____

Please tick the appropriate category below

Hockey Division				
U7 (Pre-Novice) 5-6 years	N/A	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	N/A
U9 (Novice) 7-8 years	N/A	<input type="checkbox"/> \$405	<input type="checkbox"/> \$405	N/A
U11 (Atom) 9-10 years	<input checked="" type="checkbox"/> \$450	<input type="checkbox"/> \$405	<input type="checkbox"/> \$405	Tryout \$125 <input type="checkbox"/> Reg Fee \$510 <input type="checkbox"/>
U13 (PeeWee) 11-12 years	<input type="checkbox"/> \$450	<input type="checkbox"/> \$405	<input type="checkbox"/> \$405	Tryout \$125 <input type="checkbox"/> Reg Fee \$510 <input type="checkbox"/>
U15 (Bantam) 13-14 years	<input type="checkbox"/> \$500	<input type="checkbox"/> \$430	<input type="checkbox"/> \$430	Tryout \$125 <input type="checkbox"/> Reg Fee \$510 <input type="checkbox"/>
U18 (Midget) 15-17 years	<input type="checkbox"/> \$500	<input type="checkbox"/> \$430	<input type="checkbox"/> \$430	Tryout \$125 <input type="checkbox"/> Reg Fee \$510 <input type="checkbox"/>

Notes: (1) Age Range of Hockey Divisions based on player's age on December 31st of current hockey season

(2) Payment Options & deadlines are detailed in Registration Cover Letter for each respective Hockey season. Late fees of \$50 apply.

Previous Minor Hockey Association: _____
 (Transfer package and proof of residence required if new to the Tri Port Minor Hockey Association)

Parent/Guardian Contact Information:

(1) Father Name: _____	Cell Phone: _____	Lives with Player Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
(2) Mother Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
(3) Parent/Guardian Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
(4) Parent/Guardian Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	

Emergency Contact Name: _____ Phone: _____

Parents Section:

The local Hockey program is run 100% by volunteers. We are always looking for people to assist in various capacities throughout the year to make the hockey season successful for our children.

- Are you willing & available to Coach or Assistant Coach? Yes No
- Are you willing & available to be a Team Manager? Yes No
- Are you willing & available to serve as a Team Safety Person? Yes No
- Are you or your child (12 +yrs) willing to take the Referee course in October? Yes No
- Has one parent/guardian completed the **MANDATORY*** Parent level Respect in Sport? Yes No

If No, please complete at <https://bchockeyparent.respectgroupinc.com/> *Parent RIS or Coach level RIS will be accepted.

If player being registered is a Female that is not enrolled in the Female hockey program, would player like to be included in TriPort female hockey communications & involved with special female hockey events hosted in TriPort? Yes No

NOTE: Parent custody arrangements must be disclosed to the registering hockey club and Tri Port MHA

If registration fees are going to be paid by an organization or individual other than the registering parent/guardian, please indicate below which organization will be making payment on behalf of the registered player.

Kidsport Jumpstart Gwa'sala-'Nakwaxda'xw Nation Other _____
(Specify Name)

Note: It is the responsibility of the parent to apply for financial assistance. Financial assistance applications must be completed and returned with the registration form prior to player participating on the ice. www.KidSport.ca/BC

Parent/Guardian registering Player (PRINT): _____ Date: _____

Registering Player's Parent/Guardian (SIGNATURE): _____ Date: _____

SIGNATURE and WAIVER: We hereby acknowledge the authority of Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those governing bodies. **EQUIPMENT:** At the end of the season covered by this registration, we agree to return all equipment provided by the applicable hockey club within Triport Minor Hockey Association, in good condition and should we fail to do so we agree to reimburse the respective Club for the replacement cost. **RELEASE:** In consideration of this application to play under the auspices of Triport Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of Triport Minor Hockey Association. **DISCLOSURE:** By Submitting this registration form, we hereby authorize Triport Minor Hockey Association to disclose any and all information herein contained to such persons, firms or corporations as the Triport Minor Hockey Association shall, in its sole discretion, determine.

Please do not enter - CLUB USE ONLY					
Fee Description	Date Paid	Cash ✓	Cheque #	eTransfer	Amount
TOTAL PAYMENT					

Payment receipts will only be issued upon request.

Note: A \$60 insurance fee that is included in Registration fees is non-refundable but is transferrable to other hockey clubs within Tri Port MHA

