

2023-2024

**VIKING MINOR HOCKEY ASSOCIATION REGISTRATION**

*REGISTERING FOR: (circle one)*

U7 U9 U11 U13 U15 U18

M  F

\_\_\_\_\_  
PLAYERS LAST NAME

\_\_\_\_\_  
PLAYERS FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
PHYSICAL ADDRESS - STREET/COUNTY ADDRESS AND LEGAL LAND DESCRIPTION - **MUST BE PROVIDED**

\_\_\_\_\_  
EMAIL ADDRESS - **THIS MUST BE COMPLETED WITH AT LEAST ONE EMAIL ADDRESS**

ALBERTA HEALTH CARE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
FATHER'S FULL NAME

\_\_\_\_\_  
MOTHER'S FULL NAME

\_\_\_\_\_  
LAST PLACE REGISTERED

\_\_\_\_\_  
DIVISION/LEVEL

**COACH INFORMATION**

I \_\_\_\_\_ am interested in coaching the following age group (circle below)

U7 U9 U11 U13 U15 U18

M  F

Coaching Certificates: Coach Level  Intermediate Level  Safety/Speak Out

**\*\*All coaches, assistant coaches and managers require a criminal record check (U7 & U9 coaches only required every 3 years)**

By signing this form, all parents/guardians or registered players are acknowledging that they will abide by Hockey Canada Fair Play Code for Parents. Disciplinary action may be taken by Viking Minor Hockey if you or your spouse are not following the code.

PARENT(S) NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGNATURES:**

PARENT #1 \_\_\_\_\_ PARENT#2 \_\_\_\_\_