

## Williams Lake Minor Hockey Assocation PO BOX 4136, Williams Lake BC V2G 2V2 (250) 392-2211

## **Registration Form**

Player Name			Division: Init	iation, Novi	ce, Atom,
			Peewee, Banta	am, Midget	
			Season 2019	9-2020	
Date of birth (mm/dd/yyy)			Gender	Male	Female
Home Phone #:		Contac	ct e-mail:		
Care Card Number		Birth (	Certificate		
Father Information					
Name			Phone #		
Address	T	Postal	Code		
Work Phone #	Cell #		Email		
Madagara					
Mother Information		TT	D1 #		
Name			Phone #		
Address	G 11 "	Postal			
Work Phone #	Cell #		Email		
Guardian/Step Parent Informa	ation				
Name		Home	Phone #		
Address		Postal	Code		
Work Phone #	Cell #		Email		
			•		
Emergency Contact – not a pa	arent already lis				
Name:		Phone	#		
Address					
I, undersigned certify 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 this certificate I have become subject to the rules, regulations and decision of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions. Further, the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times. Hockey Canada does not sell, trade or otherwise share the information we collect outside our Branches and Associations however we may from time to time use this information for the purposes of offering addition services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or association is entirely at your discretion, should you choose to allow this type of usage please check the box here.					
Parent/Guardian's Name (Pri	nt)				
Parent/Guardian's Signature			Ι	Date	
Player Name Date			Receipt		
			Payment	Amoun	t
Fee Amount					
Fee Amount					
Fee Amount					
Fee Amount					
Fee Amount					

## **Registration Check list:**

Confirmation of Current Access Pass

This area must be stamped and initialed by CMRC staff at the front desk of t	the
Recreation Complex before this registration form will be accepted.	

- Player meets skating requirement
- Copy of Players Birth Certificate (check the front of the form for the Birth Certificate number)
- ❖ BC Care Card number (check the front of the form)
- ❖ Registration Fees Cash or Cheque
- Request for Player movement if applicable Please ask for the form from the Office. Note this form must be completed at time of Registration.

## \*If you do not have all the items from the above list-you cannot register the Player\*

		images on the ice and the name of the player will from time to time be displayed A Website, media publications, promotional posters or brochures.  give consent for WLMHA to post my child's
	ation as	indicated above(parent signature)
immea membe	surable a	Minor Hockey recognizes that the contribution of hockey volunteers is and without volunteers, minor hockey would not exist. We encourage all our op forward and help in the various volunteer positions available at the team and/or vel.
	Note:	would be interested in volunteering. Please check your interests.  to be a volunteer you must take the Respect in Sport- Activity Leader on line , Concussion Awareness Course and complete a Criminal Record Check –
	Contac	ct the Minor Hockey Office regarding these items.
	0	House Coach (there is a certification requirement – WLMHA Policy 7.8)
	0	Rep Coach (Potential Coaches for Rep will be required to complete an
		application form and turned into office by May 15 <sup>th</sup> )
	0	House Assistant Coach (there is a certification requirement – WLMHA Policy 7.8)
	0	Rep Assistant Coach (Potential Coaches for Rep will be required to complete an
	0	application form – WLMHA Policy 7.6)
	0	Hockey Canada Safety Person – Must take HCSP Course (reimbursed by WLMHA – Keep receipts)
	0	Team Parent – see duties in WLMHA Handbook
	0	On or Off Ice Parent Helper (there is a certification requirement see WLMHA
	0	Handbook) (This includes time keepers, penalty box and security) Division Manager – see duties in WLMHA Handbook
Player		ns: Please check your interests
	Are vo	u interested in trying out for the Rep Team?
		u interested in trying out for a Female Rep Team?
_	•	u interested in playing on a Female House Team?
	•	u interested in being a Goalie? (Does not guarantee full time goal position)
		u interested in being a Ref? You must be 12 years of age and complete the Ref
	Course	e offered at the beginning of the Hockey Season.