



PACIFIC COAST AMATEUR HOCKEY ASSOCIATION PLAYER REGISTRATION CERTIFICATE

PLEASE PRINT AND PRESS HARD

FOR ASSOCIATION USE ONLY

MINOR HOCKEY ASSOCIATION	SEASON 20 20	INSURANCE NO.
DIVISION: <input type="checkbox"/> Novice <input type="checkbox"/> PeeWee <input type="checkbox"/> Midget <input type="checkbox"/> Tyke <input type="checkbox"/> Atom <input type="checkbox"/> Bantam <input type="checkbox"/> Juvenile	TEAM ASSIGNED TO <div style="display: flex; justify-content: space-around;"> ABC </div>	HOCKEY CANADA HOCKEY ID #

1. IDENTIFICATION:

GIVEN NAME (S)	LAST NAME
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PARENT'S PERMANENT ADDRESS (No., Street, RR#, etc.)

CITY/DISTRICT	POSTAL CODE	TELEPHONE NUMBER ()	SEX M <input type="checkbox"/> F <input type="checkbox"/>
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E-MAIL ADDRESS	CITIZENSHIP
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FATHER'S NAME	MOTHER'S NAME
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Phone Number (if different from number above)

Phone Number (if different from number above)

DATE OF BIRTH
(Day) (Month) (Year)

HOCKEY HISTORY (LAST 3 SEASONS PLAYED)					
Season	Association	Division	A	B	C

POSITION

2. SIGNATURE AND WAIVER

We hereby acknowledge the authority of Hockey Canada, BC Hockey, Pacific Coast Amateur Hockey Association, and the Minor Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations.

EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by the Minor Hockey Association, in good condition, and should we fail to do so we agree to reimburse the Association for the replacement cost of such equipment.

RELEASE: In consideration of this application to play under the auspices of the Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release, and forever discharge HC, BCH, PCAHA, and the 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 personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of the Association.

Signature of Player:

Signature of Parent:

Dated the _____ day of _____, 20 ____ .

3. MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)

MEDICAL INSURANCE NUMBER	EMERGENCY CONTACT (if parent unavailable)	TELEPHONE ()
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LIST ANY DISABILITIES/MEDICAL CONDITIONS:
 Asthma Diabetes Heart Disease Epilepsy

REQUIRE THE USE OF:
 Contact Lenses
 Corrective Lenses

SUFFER FROM:
 Recurring Headaches
 Seizures
 Blackouts
 Chest Pain

Other Medical Conditions, Illnesses, or Surgery:

LIST ANY MEDICATION(S) TAKEN REGULARLY:

LIST ANY ALLERGIES

DOCTOR'S NAME:

TELEPHONE
() | | | | | |