Golden District Minor Hockey Association

Player Registration Form

Name _____ **M**_____ **F**_____
(last) **(first)**

Date of Birth: _____ **Age** _____ **Care Card #** _____
(mm/dd/yy)

******FOR NEW PLAYERS, PLEASE ATTACH COPY OF BIRTH CERTIFICATE)*******

Mother's/Guardian's Name_____ **Phone (h)** _____ **(w)** _____

Address _____**Postal Code** _____

Father's/Guardian's Name_____ **Phone (h)** _____ **(w)** _____

Address _____**Postal Code** _____
(Only complete if different than above)

Players' Email Address _____

Parent's Email Address _____

Any health problems or special considerations? _____

Years completed in hockey? _____**Skating Skills:** Beginner**/**Intermediate**/**Advanced

Emergency Contact

Name: _____ Phone_____

WE REQUIRE VOLUNTEERS. Help make Hockey a positive experience and have some fun too! **WE NEED YOU!**

Coach _____**Asst. Coach** _____ **Team Manager** _____ **Concession Manager** _____ **Referee** _____

Conditions: Every parent/guardian and the Golden district Minor Hockey Association (GDMH) member recognizes and agrees to abide by the GDMH association constitution and the CHA constitution, their regulations, their playing rules and all duly approved amendments thereto. Every member recognizes it's local hockey association as being the sole organization entrusted with the management and organization of hockey throughout the territory of Golden. Every parent and GDMH Association member recognizes that all information provided herein is true and valid. Any false information provided herein may lead to the application of sanctions as provided in various regulations

.
2010 DATE RECEIVED: _____**AMT:** _____ **CHQ/CASH**

Parents Signature: _____