



# PACIFIC COAST AMATEUR HOCKEY ASSOCIATION PLAYER REGISTRATION CERTIFICATE/FORM

PLEASE TYPE OR PRINT LEGIBLY

FOR ASSOCIATION USE ONLY

<b>MINOR HOCKEY ASSOCIATION</b> Semiahmoo Minor Hockey Association		<b>SEASON</b> 20 22      20 23		<b>INSURANCE NO.</b>
<b>DIVISION:</b>		<b>TEAM ASSIGNED TO</b>		<b>HOCKEY CANADA ID</b>
<input type="checkbox"/> U6/U7	<input type="checkbox"/> U8/U9	<input type="checkbox"/> U10	<input type="checkbox"/> U11	<input type="checkbox"/> U12
<input type="checkbox"/> U13	<input type="checkbox"/> U14	<input type="checkbox"/> U15	<input type="checkbox"/> U16	<input type="checkbox"/> U17
<input type="checkbox"/> U18	<input type="checkbox"/> U19	<input type="checkbox"/> U20	<input type="checkbox"/> U21	<input type="checkbox"/> U22
		A   B   C		

### 1. IDENTIFICATION:

GIVEN NAME (S) \_\_\_\_\_ LAST NAME \_\_\_\_\_

PARENT'S PERMANENT ADDRESS (house number, street name and apt number, if applicable) \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TELEPHONE NUMBER ( ) \_\_\_\_\_ GENDER M  F

E-MAIL ADDRESS \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PARENT NAME \_\_\_\_\_

Phone Number (if different from number above) \_\_\_\_\_

Phone Number (if different from number above) \_\_\_\_\_

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

Season	HOCKEY HISTORY (LAST 3 SEASONS PLAYED)			A	B	C
	Association	Division				
2021-22						
2020-21						
2019-20						

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 ( ) \_\_\_\_\_

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 ( ) \_\_\_\_\_