

**Whitehorse Minor Hockey Association**

**Whitehorse Mustangs Rep Team Tryouts Registration  
September 2010**

Name of Player: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Yukon Health Car Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of person to contact in case of an emergency if parent/guardian is not available:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any relevant medical information that we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

- Any medical condition or injury should be checked by your physician before participating in a hockey program
- I understand that it is my responsibility to keep WMHA advised of any changes in the above information as soon as possible and in the event that no one can be contacted, WMHA may take my child to the hospital if deemed necessary
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child
- I also release of information to appropriate people (coach, physician) as deemed necessary
- I understand that there is adherent risk associated with playing hockey and absolve WMHA and it's coaches, volunteers and staff of any liability for injury to my child and/or loss or damage of equipment

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Cost: Atom/PeeWee \$50.00 Bantam/Midget \$60  
Paid: Cheque # \_\_\_\_\_ (payable to WMHA)  
Cash \_\_\_\_\_  
Credit Card \_\_\_\_\_ exp. \_\_\_\_\_ (add \$3.50 Service Fee)