



WHITEHORSE MINOR HOCKEY ASSOCIATION REGISTRATION

4061-4th Avenue, Whitehorse Y.T. Y1A 1H1

PLEASE PRINT CLEARLY AND PRESS FIRMLY

REGISTERING FOR DIVISION:	TYKES	NOVICE	ATOM
(CIRCLE ONE)	PEEWEE	BANTAM	MIDGET

Male Female

Player's Last Name _____ Player's First Name _____ Middle Initial _____

Address _____ Telephone Number _____

Town _____ Postal Code _____

Date of Birth _____
Month Day Year

Father's Full Name _____ Mother's Full Name _____

Additional phone number _____ Additional phone number _____

Email address _____ Email address _____

Last year's division / level _____ Choice of position: First _____ Second _____

Medical Info - (Allergies and/or other maladies) _____

Are you interested in playing Development / Rep Hockey? Yes No *If yes, please provide a copy of birth certificate.*

VOLUNTEER INFORMATION

Do you know a company who would be interested in sponsoring a team? Yes No _____ Sponsor Name _____

I would like to coach assistant coach convene ref _____ Name of Volunteer and Division _____

What NCCP coaching certificates do you hold? Initiation _____ Coach Level _____ Intermediate Level _____ Safety & Speak Out _____

Please Note: All coaches are required to complete a Criminal Record Check no later than November 15th

I, the undersigned, certify the above information to be true and in consideration of this certificate granted to me with the privileges incident thereto, and by signing this certificate have become subject to the rules, regulations and decisions of Whitehorse Minor Hockey, 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 Whitehorse Minor Hockey. Further, the information requested above is required by Whitehorse Minor Hockey to facilitate hockey programs on behalf of the registrant, volunteers and Whitehorse Minor Hockey. Whitehorse Minor Hockey will treat this personal information with the utmost respect and in accordance with Whitehorse Minor Hockey Privacy Policy at all times.

I understand that Whitehorse Minor Hockey is not responsible for any matter, cause or accident which may occur during the period of this registration. I accept this as a condition of registration.

Signature of Parent or Legal Guardian

Date

Minor Hockey Registration Fee: \$ _____ (Cash/Cheque/Visa/Debit)

Total Fee Paid: \$ _____

If paying by credit card and mailing in Registration, please ensure you include CC# and Expiry Date

CC# _____ Expiry ____ / ____

**ALL DISHONOURD CHEQUES WILL BE SUBJECT TO A \$20.00 SERVICE CHARGE
NO REFUNDS WILL BE ISSUED AFTER DECEMBER 31**