



TRICO Minor Hockey Registration Form



PLAYER INFORMATION - PLEASE PRINT CLEARLY

Last Name	First Name	Gender
		M F
Address		Postal Code
Date of Birth (mm-dd-yyyy)	Proof of Age Provided	Yes No

GUARDIAN INFORMATION - PLEASE PRINT CLEARLY

Father's Complete Name		E-Mail Address	
Phone Number - Home	Phone Number - Work	Phone Number - Cell	
Mother's Complete Name		E-Mail Address	
Phone Number - Home	Phone Number - Work	Phone Number - Cell	

SIGNATURE AND WAIVER

I will not hold TRICO Minor Hockey (TMH) responsible for any injury my child may sustain while participating in TRICO sanctioned events including, but not limited to, practices, games, tournaments and fundraising events. Application for registration in the TMH shall constitute agreement by the applicant to abide by and comply with the Constitution, By-Laws, Rules and Regulations of the TMH, OMHA, NBMHC, NBFHA (if the application is made on behalf of a female player), NBAHA and CAHA and the rulings of the TMH Executive.

In appreciation of the loan to my child of any protective gear or special equipment including sweaters used in connection with participation in the TMH, I hereby agree to replace any equipment lost by him/her while said equipment is entrusted to them. The following equipment must be worn by all players enrolled in TMH: CSA approved helmet and face mask, shin pads, hockey pants, protective cup, hockey gloves, shoulder pads and hockey socks. In addition it is mandatory that all players wear throat protection. Additionally, all players registered within the TimBit to Midget Divisions will be required to provide a deposit cheque (valued at the cost of the replacement jerseys) which will be returned at the end of the season when jerseys are returned.

We, the parents, grant permission for TMHA/Tri-County Complex to use any photos/videos of our child for promotional purposes, promoting any TRICO recreational activity, at any given time without prior notice.

Signature	Date

PLAYING INFORMATION - PLEASE PRINT CLEARLY

Previous Division Played	Location				# of years playing	
Current Division (this year)	TimBit	Novice	Atom	PeeWee	Bantam	Midget
Preferred Position	Intend to Tryout for Competitive			Under Suspension		
	Yes	No		Yes	No	

MEDICAL INFORMATION

Player's Name	Medicare Number	Doctor's Name
Emergency Contact Person	Phone Number	Any Medical Conditions

In the event of a medical emergency, I hereby consent to the release of information in tis medical information section to the authorized medical professional so he/she may start an examination on the above player in my absence.

Signature	Date

RECEIPT

Received from:	Non-Resident Fee	Total Registration Amount	Cheque #

Post Dated over two dates with 50% payable on each date.

Date 1 - Registration Date	Amount 1	Cheque #
Date 2 - By October 31st	Amount 2	Cheque #

Please note that all NSF returned cheques will result in an additional \$25 fee to the registrant.

The first 18 registrants, in each division, will be assigned to a team. The remaining applications will be placed on a waiting list.

TMH registration fee has been collected as outlined above and verified by the following TMH Executive member:

Signature	Date