2017/2018 PLAYER REGISTRATION FORM
Northumberland Minor Hockey Association

Check List: (items we must have on file)
Parent Respect in Sport?   Y   N
Birth Certificate: Y   N

Player FIRST Name:	Player LAST Name:	Player Birthdate (yr/mth/day):
Gender (M/F)	Where they played hockey last season:	Position:

Division to Register in for this season:

◯ JR IP (2013)   ◯ SR IP (2011/2012)   ◯ Novice (2009/2010)   ◯ Atom (2007/2008)   ◯ Peewee (2005/2006)   ◯ Bantam (2003/2004)   ◯ Midget (2000/2001/2002)   ◯ Juvenille (1996/97/98)

Home Address:

POSTAL CODE:

Email Address (PRINT CLEARLY):	Phone Number:

List Siblings registering with NMHA

Will your child be attending Rep Try Outs?   Yes   No   Unsure

Parent Information:

_____   _____
  Mother Name   Father Name

_____   _____
Payment received from?   Email address for receipts

Volunteer?
Trainer   Yes/No
Coach   Yes/No
Asst Coach   Yes/No
Manager   Yes/No
Other   _____

Waiver: We hereby acknowledge the authority of Hockey Canada, Ontario Hockey Federation (OHF), Ontario Minor Hockey Association and the Northumberland Minor Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those Associations. 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 the CHA, OMHA, and NMHA 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 the participation in the activities of the association. I authorize the MNHA to use the name and photographic likeness of the registered player in any media including website, newspapers and promotional material.

_____   _____
Parent Signature (player to sign if over 18yrs)   Date

Office Use Only: Date of Registration -

Payment Type	Payment Amount		Information
Cash	$		
Credit Card	$	Date:	Card #:
	$	Date:	
	$	Date:	Expiry Date:
	$	Date:	Full Name on Card:
Cheque(s)	$	Date:	Chq#:
	$	Date:	Chq#:
	$	Date:	Chq#:
	$	Date:	Chq#: