



2018/2019 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: <input type="radio"/> JR IP (2014) <input type="radio"/> IP (2012/2013) <input type="radio"/> Tyke (2011) <input type="radio"/> Novice (2010) <input type="radio"/> Atom (2008/2009) <input type="radio"/> Peewee (2006/2007) <input type="radio"/> Bantam (2004/2005) <input type="radio"/> Midget (2001/2002/2003) <input type="radio"/> Juvenile (1997/98/99)		
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:	Volunteer?	
_____	Trainer	Yes/No
Mother Name	Coach	Yes/No
_____	Asst Coach	Yes/No
Father Name	Manager	Yes/No
_____	Other	_____
Payment received from?	Email address for receipts	

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 NMHA 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	Date:	Information
Cash	\$		
Credit Card	\$	Date:	Card #:
	\$	Date:	Expiry Date:
	\$	Date:	Full Name on Card:
Cheque(s)	\$	Date:	Chq#:
	\$	Date:	Chq#:
	\$	Date:	Chq#:
	\$	Date:	Chq#: