

LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION

New Registrant _____ **Previous Association** _____ **Division**

Returning Registrant _____

Register player in:

Initiation (2009-2011) _____ Novice (2007-2008) _____ Atom (2005-2006) _____

Pee Wee (2003-2004) _____ Bantam (2002-2001) _____ Midget (1998-2000) _____

Position: Forward _____ Defense _____ Goal _____

Player's Name _____
Last First

Birthdate _____ Carecard # _____
Year/Month/Day

Residential Address: _____

Mailing Address: _____

Parents Email: _____ HomePhone# _____ /Cell Phone _____

Previous Address(If moved or New to LCDMHA since last season)

Parent Information:

Mother's Name or (Guardian) _____ Work Phone # _____

Address (if different than above) _____

Father's Name or (Guardian) _____ Work Phone # _____

Address (if different than above) _____

I, the undersigned, being the parent or guardian of _____ hereby Request that my child be registered in the LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION. In the consideration of the benefit conferred on me by the granting of such request, do hereby, on behalf of myself and the said child, release and forever discharge the LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION and their assistants, directors, servants, employees, and voluntary workers and each *of* and *from* all claims of whatsoever *nature*, past, present, *and* future, and whether involving, negligence on their part or not, arising out of or in any way connected with the activities of the Association, and its facilities or structures, and I do hereby undertake to indemnify and save harmless THE LAKE COWICHAN & DISTRICT MINOR

HOCKEY ASSOCIATION, the said assistants, directors, servants, employees and voluntary workers and each of them in respect of every such claim demand, action, or cause of action as aforesaid. On payment of annual dues, players are covered by the B.C.A.H.A Mutual Aid Plan for medical and dental expenses up to a maximum allowable for anyone accident. Any accident must be reported immediately to team manager or coach. Any delay would result in rejection of claim by the Mutual Aid Plan. I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to my with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions 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 Hockey Canada, Its Board of Directors, its Branches and/or divisions. Further the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times. Hockey Canada does not sell, trade or otherwise share the information *we collect* outside our Branches and Associations however we *may* from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/pr hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or Association is entirely at your discretion, should you choose to allow this type of usage please check here _____. For more information on Hockey Canada's Privacy Policy please visit their web site at www.hockeycanada.ca

I FURTHER AGREE TO ABIDE BY THE BYLAWS, POLICIES, AND FAIR PLAY CONTRACT OF THE LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION. I UNDERSTAND THAT FAILURE BY ME OR MY FAMILY MEMBERS TO ABIDE BY SUCH RULES AND REGULATIONS MAY RESULT IN THE SUSPENSION OR EXPULSION FROM PLAY BY THE ABOVE NAMED PLAYER.

I have read the above:

Parent/Guardian Signature

Date