



REGISTRATION 2022 - 2023 Season
LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION

<input type="checkbox"/> U7 (2016 - 2017 - 2018)	<input type="checkbox"/> U9 (2014 - 2015)	<input type="checkbox"/> U11 (2012 - 2013)
<input type="checkbox"/> U13 (2010 - 2011)	<input type="checkbox"/> U15 (2008 - 2009)	<input type="checkbox"/> U18 (2005 - 2006 - 2007)

Player's LAST Name:	Player's FIRST Name
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Player's DATE OF BIRTH: <u>YYYY</u> / <u>MM</u> / <u>DD</u>	Player's Personal Health #
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Player's Primary RESIDENTIAL Address:

STREET	TOWN	Postal Code
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Player's Primary MAILING Address (if different):

PO BOX	TOWN	Postal Code
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Player's Previous Residential Address (if moved since last season or NEW to LCDMHA):

STREET	TOWN	Postal Code
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PRIMARY Parent / Guardian:

NO SECONDARY PARENT / GUARDIAN

First & Last Name:	Relationship to PLAYER:
PRIMARY EMAIL:	PRIMARY PHONE:

PRIMARY Parent / Guardian residential / mailing Address (if different from Player's):

STREET / PO BOX	TOWN	Postal Code
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SECONDARY Parent / Guardian:

First & Last Name:	Relationship to PLAYER:
SECONDARY EMAIL:	SECONDARY PHONE:

SECONDARY Parent / Guardian residential / mailing Address (if different from Player's):

STREET / PO BOX	TOWN	Postal Code
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I, as PRIMARY parent/guardian of above listed player, give LCDMHA my permission to use player's name and/or photos in media communications (newspaper, website, facebook, etc.) Parent/Guardian initial

TO BE READ AND SIGNED BY PLAYER'S PRIMARY PARENT / GUARDIAN

PLAYER'S FIRST & LAST NAME:
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I, the undersigned, being the parent or guardian of the above stated player 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 any one 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 .

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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.

Primary Parent / Guardian Name	Signature	Date
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PLAYER LAST NAME
PLAYER DIVISION

LCDMHA Parent / Guardian PARTICIPATION 2022

Volunteer time by Parent / Guardian is REQUIRED FOR PLAYER PARTICIPATION

Please check which positions you will be able to fulfill in support of your player's team.

- Training will be provided as necessary.

TEAM OFFICIALS

<input type="checkbox"/> HEAD Coach	First & Last Name:
<input type="checkbox"/> ASSISTANT Coach	First & Last Name:
<input type="checkbox"/> MANAGER	First & Last Name:
<input type="checkbox"/> SAFETY Person	First & Last Name:

TEAM COORDINATORS

<input type="checkbox"/> Treasurer	First & Last Name:
<input type="checkbox"/> Tournament Coordinator	First & Last Name:
<input type="checkbox"/> Fundraising Coordinator	First & Last Name:

Parents / Guardians who volunteer for **TEAM OFFICIAL** and **TEAM COORDINATOR** roles may be exempt from participating in **GAME DAY Helper** duties (see below), depending on team composition.

GAME DAY Helper * **MANDATORY for PLAYER PARTICIPATION** *

Duties include 50/50 - Digital Scorekeeper - Tournament Duties as assigned by Tournament Coordinator

PRIMARY Parent / Guardian	SECONDARY Parent / Guardian
First & Last Name:	First & Last Name:
Signature:	Signature:

If a parent/guardian is unable to fulfill their GAME DAY responsibilities - it is their responsibility to trade shifts with another team parent / guardian or find a suitable replacement and notify the Team Manager of the change.

 initials

By entering your name into any of the above fields, you are agreeing to fulfill the volunteer position as indicated.

 initials

