



# PACIFIC COAST AMATEUR HOCKEY ASSOCIATION PLAYER REGISTRATION CERTIFICATE

**PLEASE PRINT AND PRESS HARD**

FOR ASSOCIATION USE ONLY

<b>MINOR HOCKEY ASSOCIATION</b>	<b>SEASON</b> 20                  20	<b>INSURANCE NO.</b>
<b>DIVISION:</b> <input type="checkbox"/> Tyke <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> PeeWee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Juvenile	<b>TEAM ASSIGNED TO</b> _____	<b>ASSOCIATION REG. NUMBER</b> _____

### 1. IDENTIFICATION:

<b>GIVEN NAME (S)</b>	<b>LAST NAME</b>
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**PARENT'S PERMANENT ADDRESS (No., Street, RR#, etc.)**  
\_\_\_\_\_

<b>CITY/DISTRICT</b>	<b>POSTAL CODE</b>	<b>TELEPHONE NUMBER</b> (    )	<b>SEX</b> M <input type="checkbox"/> F <input type="checkbox"/>
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<b>E-MAIL ADDRESS</b>	<b>CITIZENSHIP</b>
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<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>
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Phone Number (if different from number above) \_\_\_\_\_

Phone Number (if different from number above) \_\_\_\_\_

<b>DATE OF BIRTH</b> (Day) (Month) (Year)
----------------------------------------------

Season	HOCKEY HISTORY (LAST 3 SEASONS PLAYED) Association	Division	A B C		
			A	B	C

**POSITION**  
\_\_\_\_\_

### 2. SIGNATURE AND WAIVER

We hereby acknowledge the authority of Hockey Canada, BC Hockey, Pacific Coast Amateur Hockey Association, and the Minor Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations.

**EQUIPMENT:** We, at the end of the season covered by this registration, agree to return all equipment provided by the Minor Hockey Association, in good condition, and should we fail to do so we agree to reimburse the Association for the replacement cost of such equipment.

**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 HC, BCH, PCAHA, and the Association, 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 participation in the activities of the Association.

Signature of Player:  \_\_\_\_\_

Signature of Parent:  \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

### 3. MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)

<b>MEDICAL INSURANCE NUMBER</b>	<b>EMERGENCY CONTACT (if parent unavailable)</b>	<b>TELEPHONE</b> (    )
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**LIST ANY DISABILITIES/MEDICAL CONDITIONS:**  
 Asthma     Diabetes     Heart Disease     Epilepsy

**REQUIRE THE USE OF:**  
 Contact Lenses  
 Corrective Lenses

**SUFFER FROM:**  
 Recurring Headaches  
 Seizures  
 Blackouts  
 Chest Pain

**Other Medical Conditions, Illnesses, or Surgery:**  
\_\_\_\_\_

**LIST ANY MEDICATION(S) TAKEN REGULARLY:**  
\_\_\_\_\_

**LIST ANY ALLERGIES**  
\_\_\_\_\_

**DOCTOR'S NAME:**  
\_\_\_\_\_

**TELEPHONE**  
(    )    |    |    |    |    |    |    |    |    |    |    |    |