PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

PLAYER REGISTRATION CERTIFICATE

PLEASE PRINT LEGIBLY

FOR ASSOCIATION USE ONLY

MINOR HOCKEY ASSOCIATION ______________________

SEASON 20 ____ 20 ____

INSURANCE NO. ______________________

DIVISION: ☐ U6/U7 ☐ U8/U9 ☐ U11 ☐ U13 ☐ U15 ☐ U18 ☐ U21

TEAM ASSIGNED TO ______________________ A B C

HOCKEY CANADA HOCKEY ID # ______________________

1. IDENTIFICATION:

GIVEN NAME (S) ______________________ **LAST NAME** ______________________

PARENT'S PERMANENT ADDRESS (unit/suite no., street address, etc.) ______________________

CITY/DISTRICT ______________________ **POSTAL CODE** ______ **TELEPHONE NUMBER** ( ) ______ **GENDER** M ☐ F ☐

E-MAIL ADDRESS ______________________ **CITIZENSHIP** ______________________

PARENT NAME ______________________ **PARENT NAME** ______________________

Phone Number (if different from number above) ______________ **Phone Number (if different from number above)** ______________

DATE OF BIRTH (Day) (Month) (Year)

POSITION ______________________

HOCKEY HISTORY (LAST 3 SEASONS PLAYED)

Season	Association	Division	A	B	C

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: X ______________________ **Signature of Parent:** X ______________________

Dated the ___________ **day of** ______________________, **20** _____ .

3. MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)

MEDICAL INSURANCE NUMBER ______________ **EMERGENCY CONTACT (if parent unavailable)** ______________ **TELEPHONE** ( ) ______

LIST ANY DISABILITIES/MEDICAL CONDITIONS:

☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ Epilepsy

Other Medical Conditions, Illnesses, or Surgery: ______________________

REQUIRE THE USE OF:

☐ Contact Lenses
☐ Corrective Lenses

SUFFER FROM:

☐ Recurring Headaches
☐ Seizures
☐ Blackouts
☐ Chest Pain

LIST ANY MEDICATION(S) TAKEN REGULARLY: ______________________ **LIST ANY ALLERGIES** ______________________

DOCTOR'S NAME: ______________________ **TELEPHONE** ( ) ______

COPY 1 – PCAHA COPY 2 – PCAHA COPY 3 – ASSOCIATION COPY 4 – REGISTRANT