



CLEARWATER & DISTRICT MINOR HOCKEY ASSOCIATION Application for Membership

PLAYER INFORMATION – PLEASE PRINT				
Last Name	First Name, Middle Initial	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mailing Address	City	Postal Code		
Street Address	Phone Number	Birth Date (mm/dd/yyyy)		
Previous Association	Previous Team	Division	Position For <input type="checkbox"/> Def <input type="checkbox"/> G <input type="checkbox"/>	
PARENT/GUARDIAN INFORMATION – PLEASE PRINT				
Parent / Guardian (1)		Relationship	Email	
Phone Number (Home)	Phone Number (Work)		Phone Number (Cell)	
Parent / Guardian (2)		Relationship	Email	
Phone Number (Home)	Phone Number (Work)		Phone Number (Cell)	
Emergency Contact	Phone Number	Alternate Emergency Contact	Phone Number	
Are you, or anyone in your family, available to volunteer as: Coach <input type="checkbox"/> Safety Person/Trainer <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/>				
<p>SIGNATURE AND WAIVER We hereby acknowledge the authority of Hockey Canada, BCAHA, OMAHA and C&DMHA and agree to carry out and abide by the Constitution, Bylaws, Rules, Guidelines and Regulations of those Associations. I agree to read and abide by the policies in the C&DMHA Parent Handbook.</p> <p>RELEASE In consideration of this application to play under the auspices of C&DMHA, I hereby for myself, heirs, executors, administration and assigns, remise, release and forever discharge Hockey Canada, BCAHA, OMAHA and C&DMHA, it's 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 to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the Association.</p> <p>EQUIPMENT We, at the end of the season covered by this registration, agree to return all equipment provided by C&DMHA in good condition and should we fail to do so we agree to reimburse C&DMHA for the replacement of same.</p> <p><u>Signature</u> <u>Date</u></p>				

CDMHA RECEIPT FOR REGISTRATION FEES				
CLEARWATER & DISTRICT MINOR HOCKEY ASSOCIATION Box 1965 Clearwater BC V0E 1N0	Received From		Date	
	For		Amount	
	For		Amount	
Society Number S-31478	Total Fee Paid	Cash	Cheque	Amount
Signature on behalf of CDMHA			Position	



Clearwater and District Minor Hockey would like to promote hockey more, on such things as Facebook and in the newspaper. We are asking permission from parents and parental guardians to do this. Please check mark a box.

☐

Yes, Clearwater Minor Hockey can use my child's picture,

Name of Child: _____

Division: _____

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No, Clearwater Minor Hockey cannot use any pictures of my child,

Name of Child: _____

Division: _____

Parent or Guardians Name
Please Print Name

Parent or Guardians
Signature and Date

Thank you for your co-operation.
Clearwater and District Minor Hockey Association