



Thompson Minor Hockey Association REGISTRATION FORM 2009-2010

- Pre-Novice 5-6 (04-03)
 Novice 7-8 (02-01)
 Atom 9-10 (00-99)
 Pee Wee 11-12 (98-97)
 Bantam 13-14 (96-95)
 Midget 15-17 (94-93-92)

All ages are as of December 31, 2009

(PLEASE PRINT) PLAYER INFORMATION				
Surname:		First Name:		Sex:
Address:			Birthdate (MM/DD/YY):	
City:		Manitoba Medical Health #(9 Digits):		
Postal Code:		Home #:		Email:
Mother:		Work #:		Cell #:
		Email:		
Father:		Work #:		Cell #:
		Email:		
Guardian:		Work #:		Cell #:
		Email:		
Medical Conditions, if any:				
Other family members registered:				

HOCKEY HISTORY (Last Season)				
SEASON	ASSOCIATION	DIVISION	LEVEL	POSITION

SIGNATURE & WAIVER	
<p>I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me 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 of Hockey Canada, its Board of Directors, its Branches and/or divisions. The information above is collected for all registered participants and is required by Hockey Manitoba (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.mb.ca.</p> <p>I hereby acknowledge the authority of the Canadian Hockey Association, Manitoba Hockey Association and the Thompson Minor Hockey Association and agree to carry out and abide by the Constitution, By-Laws and Policies & Procedures of those associations.</p> <p>RELEASE: I am aware that it is a condition of participation in an activity and/or program provided by the Thompson Minor Hockey Association, and/or its Board of Directors, that the participant does so at his/her sole risk and that the Thompson Minor Hockey Association, and/or Board of Directors, is not liable for any loss, damage, injury or ambulance service resulting from or in connection with such participation.</p> <p>Refunds will be in accordance with the Refund Policy noted in the Operations Policies & Procedure Manual.</p> <p>There will be a \$25.00 charge all NSF cheques.</p>	
Parent/Guardian Signature (if player under 18):	Date:

OFFICE USE ONLY			
<input type="checkbox"/> Birth Certificate Copy (1 st time & new players)		<input type="checkbox"/> Release Copies (if new player)	
<input type="checkbox"/> Declaration of Residence (if needed)			
Registration Fee: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque		Tryout Fee: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Hockey ID:		Name on Cheque:	
Claiming By:		Authorized Signature:	