



REGISTRATION FORM

SURNAME		GIVEN NAME	
DATE OF BIRTH DD/MM/YYYY		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS		POSTAL CODE	
STREET ADDRESS / LEGAL LAND DESCRIPTION			
MOTHER / GARDIAN FIRST & LAST NAME			
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			
FATHER / GARDIAN FIRST & LAST NAME			
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			
EMERGENCY CONTACT FIRST & LAST NAME			
HOME PHONE	WORK PHONE	CELL PHONE	
ALBERTA HEALTH CARE NUMBER		RESPECT IN SPORTS (RIS) CERTIFICATION NUMBER	
LEVEL OF REGISTRATION <input type="checkbox"/> INITIATION <input type="checkbox"/> NOVICE <input type="checkbox"/> ATOM <input type="checkbox"/> PEEWEE <input type="checkbox"/> BANTAM <input type="checkbox"/> MIDGET			

- Please provide a copy of birth certificate if you are a first-time registrant, as well as release form or parent declaration if coming from another association.
- Please provide proof of residency if you are a first-time registrant. This can include a property tax bill or utility bill with your name and address on it.

- NO PLAYER will be permitted on the ice or in the dressing room or coaching area of the arena until all fees, dues, RIS, and proper forms have been submitted. This ensures all participants are fully insured under Hockey Alberta in accordance with its rules and regulations.

- ALL PLAYERS will abide by all rules and regulations of the Boyle Minor Hockey Association. Failure to do so may lead to expulsion and withdrawal of playing privileges.

PARENT / GARDIAN AGREEMENT: _____, has permission to participate in Boyle Minor Hockey Association. We the undersigned agree to hold in high regards and keep all Boyle Minor Hockey Association's Players, Executives, Coaches, Referees, and other volunteers from claims and / or injuries.

HOCKEY SEASON (i.e. 2018-19):

PRINT NAME:

DATE:

SIGNATURE: