

2018-2019
POND HOCKEY REGISTRATION
VIKING MINOR HOCKEY ASSOCIATION

REGISTERING FOR: (circle one)

POND HOCKEY

M

F

PLAYERS LAST NAME

PLAYERS FIRST NAME

MIDDLE INITIAL

MAILING ADDRESS

PHONE #

CELL PHONE #

PHYSICAL ADDRESS- STREET/COUNTY ADDRESS OR LEGAL LAND DESCRIPTION-**MUST BE COMPLETED**

EMAIL ADDRESS- **THIS MUST BE COMPLETED WITH AT LEAST ONE EMAIL ADDRESS**

ALBERTA HEALTH CARE # _____ DATE OF BIRTH _____

FATHER'S FULL NAME

MOTHER'S FULL NAME

LAST PLACE REGISTERED

DIVISION/LEVEL

COACH INFORMATION

I _____ am interested in coaching pond hockey.

Coaching Requirements:

Respect in Sport Activity Leader

****All coaches require a criminal record check**

By signing this form, all parents/guardians or registered players are acknowledging that they will abide by Hockey Canada Fair Play Code for Parents. Disciplinary action may be taken by Viking Minor Hockey if you or your spouse are not following the code.

PARENT(S) NAME: _____ DATE: _____

SIGNATURES:

PARENT #1 _____ PARENT#2 _____