

2020-2021

VIKING MINOR HOCKEY ASSOCIATION REGISTRATION

REGISTERING FOR: (circle one)

INITIATION NOVICE ATOM PEEWEE BANTAM MIDGET 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 the following age group (circle below)

INITIATION NOVICE ATOM PEEWEE BANTAM MIDGET POND HOCKEY M F

Coaching Certificates: Coach Level Intermediate Level Safety/Speak Out

****All coaches, assistant coaches and managers 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 _____