



ALBERNI VALLEY MINOR HOCKEY ASSOCIATION

P.O. Box 241, Port Alberni, BC V9Y 7M7

Phone/Fax: (250) 724-6844

www.avmha.com

PLAYER INFORMATION		Division	
Last Name	First Name	Birthdate (dd/mm/yyyy)	
Street Address		City	Postal Code
Sex (M or F)	Care Card #	Doctor	Dr. Telephone #

PARENT OR LEGAL GUARDIAN INFORMATION - MUST RESIDE AT PLAYERS ADDRESS

Last Name	First Name	Address (Same as Player)	
Home Phone #	Work Phone #	Relationship	
Cell Phone #	Fax #	Email	

PARENT OR LEGAL GUARDIAN INFORMATION

Last Name	First Name	Address (Same as Player)	
Home Phone #	Work Phone #	Relationship	
Cell Phone #	Fax #	Email	

ADDITIONAL EMERGENCY CONTACT

Last Name	First Name	Telephone	Relationship
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MEDICAL INFORMATION: *Please indicate Yes or No*

Asthma	Diabetes	Epilepsy	Seizure	Blackout	Chest Pains
Recurring Headache		Prior Concussion(s)		If so, date	
Wears Glasses		Wears Contacts			

Please indicate any medications taken regularly, allergies, or other conditions:

WAIVER:

We hereby acknowledge the authority of the CHA, BCAHA, PCAHA and the Minor Hockey Association, and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those Associations

EQUIPMENT: We, at the end of the season and covered by this registration, agree to return all equipment provided by the Minor Hockey Association in good condition and should we fail to do so, we agree to reimburse the Minor Hockey Association for the replacement cost of the said equipment.

RELEASE: In consideration of this application to play under the auspices of the Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge the CHA, BCAHA, PCAHA, the Minor Hockey Association, its officers or anyone acting on any of the Associations behalf from all manner 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 Minor Hockey Association

SIGNATURE OF PARENT/GUARDIAN:

DATE:

ALBERNI VALLEY MINOR HOCKEY ASSOCIATION - PLAYER 2011-2012 REGISTRATION

Name		Birth Year		Division	
Parent's Name		Telephone #		Email	
Date of Birth	Division	Up to May 26/11	After May 26/11	1st Time Player	Payable
2006/2007	TIMBITS	\$275.00	\$325.00	\$150.00	\$
2004/2005	NOVICE	\$385.00	\$435.00	\$260.00	\$
2002/2003	ATOM	\$385.00	\$435.00	\$335.00	\$
2000/2001	PEEWEE	\$465.00	\$515.00	\$415.00	\$
1998/1999	BANTAM	\$465.00	\$515.00	\$415.00	\$
1996/1997	MIDGET	\$465.00	\$515.00	\$415.00	\$
1993/94/95	JUVENILE	\$465.00	\$515.00	\$415.00	\$
FEMALES	***If playing	Co-Ed as well (2 teams)	Add \$100	Which is Non-refundable	\$
Rep Team Tryout Fee <i>Two ice sessions guaranteed</i>		Non refundable	\$50.00 Up to May 26/11	\$75.00 After May 26/11	\$
Fundraising Fee (<i>mandatory</i>)		One book of 10 Tickets		\$100.00	\$ 100.00
TOTAL PAYABLE					\$
Amount Paid (May 31/11)		Method of Payment			\$
		Cash Cheque Visa M/C			
Amount Paid (June 30/11)		Method of Payment			\$
		Cash Cheque Visa M/C			
Amount Paid (July 31/11)		Method of Payment			\$
		Cash Cheque Visa M/C			
FULL PAYMENT		Method of Payment			\$
		Cash Cheque Visa M/C			

- _____ Jersey deposit attached (Post-dated cheque for \$150.00 dated April 1, 2012 made payable to AVMHA)
(Competitive (Rep) Team Players will be required to submit an additional \$150.00 posted-dated cheque to the Rep Team after season starts)
- _____ Tag Day Fee (Post-dated cheque for \$50.00 dated November 30, 2011 made payable to AVMHA)
- _____ Player requests to play female hockey only

IF YOU ARE INTERESTED IN COACHING PLEASE FILL OUT AN APPLICATION FORM FOUND ON THE WEBSITE

Credit Card Info Visa or M/C	Name on Card (<i>please print</i>)	Card #	Expiry (mm/yyyy)
Signature		Authorization #	Date

_____ to be filled out by Treasurer

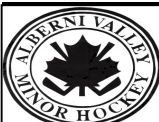
ALL FEES: (INCLUDING FEES OWED FROM PREVIOUS YEAR) MUST BE **PAID IN FULL** AND CHEQUE(S) **MUST CLEAR THE BANK** BEFORE YOUR CHILD WILL BE PERMITTED ON THE ICE. **NSF IS \$25 PER BOUNCED CHEQUE.**

Goalies get half price if they have their own equipment AND are only playing the goalie position. This is only offered at the time of registration. If after registration and the child switches to a goalie, they are welcome to use AVMHA equipment at no cost. The half price goalie registration is applicable to Atom Division and up.

If you have more than two children enrolled in minor hockey, the **third youngest child** registered in the same family will be at half price. This pricing does not include the Rep try-out fee.

Placement of players on teams, positions or divisions **CANNOT** be guaranteed.

Fundraising fee is mandatory and can be reclaimed by selling the book of tickets. Parents keep the proceeds from the **one** book.

	ALBERNI VALLEY MINOR HOCKEY ASSOCIATION P.O. Box 241, Port Alberni, BC V9Y 7M7 Phone/Fax: (250) 724-6844 www.avmha.com 2011/2012 HOCKEY SEASON	
Received from	Name of Child	Amount

AVMHA TREASURER/REGISTRAR _____