

**Registration Form for VIAHA Regional Female Hockey Rep  
Team Evaluations 2011/2012**

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
(DD/MM/YYYY)

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Player email: \_\_\_\_\_ Home phone: \_\_\_\_\_

I am currently registered with the following minor hockey association:

\_\_\_\_\_

Mom's name \_\_\_\_\_ Email \_\_\_\_\_

Mom's work #: \_\_\_\_\_ Mom's cell #: \_\_\_\_\_

Dad's name \_\_\_\_\_ Email \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ Dad's cell #: \_\_\_\_\_

Emergency contact: (other than parents)

\_\_\_\_\_  
(Name and relationship) (Phone Number)

Division : Midget A \_\_\_\_\_ Bantam A \_\_\_\_\_ Pee Wee A \_\_\_\_\_

Team and Division last season: \_\_\_\_\_ Association \_\_\_\_\_

Preferred position: \_\_\_\_\_ Shoot: right \_\_\_\_\_ left \_\_\_\_\_

Allergies or medical conditions staff need to be aware of:

None or \_\_\_\_\_

Permission from parent or guardian: By your signature, you give permission to your daughter to participate in the VIAHA Regional Female Hockey evaluations.

\_\_\_\_\_  
(parent/guardian's signature) (date)

REGISTRATION DEADLINE

MAY 15, 2011

Please submit registration form to the attention of Susie Sherman at 1922 Powliuk Crescent, Sooke, B.C. V9Z 0P6 (note: form must have parent's signature) together with a \$60.00 post-dated cheque made payable to Sooke Minor **Hockey** Association dated July 15, 2011.