

**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

AUG 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 for tryouts made payable to VIAHA (Vancouver Island Amateur Hockey Association) dated no later than August 15, 2011.