



## ALBERNI VALLEY MINOR HOCKEY ASSOCIATION

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

Phone/Fax: (250) 724-6844

[www.avmha.com](http://www.avmha.com)

### PLAYER INFORMATION

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	
<b>Date of Birth</b>	<b>Division</b>	<b>Up to May 26/11</b>	<b>After May 26/11</b>	<b>1st Time Player</b>	<b>Payable</b>
2005/2006	TIMBITS	\$275.00	\$325.00	\$150.00	\$
2003/2004	NOVICE	\$385.00	\$435.00	\$260.00	\$
2001/2002	ATOM	\$385.00	\$435.00	\$335.00	\$
1999/2000	PEEWEE	\$465.00	\$515.00	\$415.00	\$
1997/1998	BANTAM	\$465.00	\$515.00	\$415.00	\$
1994/95/96	MIDGET	\$465.00	\$515.00	\$415.00	\$
1992/1993	JUVENILE	\$465.00	\$515.00	\$415.00	\$
FEMALES	***If playing	Co-Ed as well (2 teams)	Add \$100	Which is <b>Non-refundable</b>	\$
Rep Team Tryout Fee <i>Two ice sessions guaranteed</i>		<b>Non refundable</b>	\$50.00 Up to May 26/11	\$75.00 After May 26/11	\$
Fundraising Fee ( <i>mandatory</i> )				\$100.00	\$ 100.00
<b>TOTAL PAYABLE</b>					<b>\$</b>
<b>Amount Paid (May 31/11)</b>		Method of Payment			\$
		Cash    Cheque    Visa    M/C			
<b>Amount Paid (June 30/11)</b>		Method of Payment			\$
		Cash    Cheque    Visa    M/C			
<b>Amount Paid (July 31/11)</b>		Method of Payment			\$
		Cash    Cheque    Visa    M/C			
<b>FULL PAYMENT</b>		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

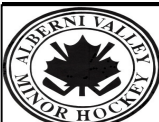
\_\_\_\_\_ to be filled out by Treasurer

**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.

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

AVMHA TREASURER/REGISTRAR \_\_\_\_\_