

# ALBERNI VALLEY MINOR HOCKEY ASSOCIATION

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

www.avmha.com Phone/Fax (250) 724-6844

## PLAYER INFORMATION:

Last Name	First Name	Birthdate dd/mm/yyyy	Division
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 Mother      Father      Other
Cell Phone#	Fax #	Email

## PARENT OR LEGAL GUARDIAN INFORMATION

Last Name	First Name	Address (if different from player)
Home Phone #	Work Phone #	Relationship Mother      Father      Other

## ADDITION EMERGENCY CONTACT:

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

Asthma	Diabetes	Epilepsy	Wears Glasses
Wears Contact Lenses	Recurring Headache	Seizure	Blackout
Chest Pains			

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 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 Association for the replacement cost of the same.

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 Association, its officers or anyone acting on their behalf from all manner litigation, damage claims, or demands in law or equity which I may have or acquire by reason of person injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the Association.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALBERNI VALLEY MINOR HOCKEY ASSOCIATION – PLAYER REGISTRATION 2010-2011 SEASON**

NAME		BIRTH YEAR	DIVISION		
<b>DATE OF BIRTH</b>	<b>DIVISION</b>	<b>UP TO MARCH 31</b>	<b>AFTER APRIL 1, 2010</b>	<b>NEW PLAYER</b>	
2004/2005	INITIATION-TIMBITS	275.00	325.00	225.00	\$
2002/2003	INITIATION-NOVICE	275.00	325.00	225.00	\$
2000/2001	ATOM	440.00	490.00	390.00	\$
1998/1999	PEEWEE	440.00	490.00	390.00	\$
1996/1997	BANTAM	440.00	490.00	390.00	\$
1993/94/95	MIDGET	440.00	490.00	390.00	\$
1990/91/92	JUVENILE	440.00	490.00	390.00	\$
<b>FEMALES</b>	<b>**If playing</b>	<b>Co-Ed as well- (2 teams)</b>	<b>-ADD \$100</b>	<b>Which is Non-refundable</b>	\$

Rep Team Tryout Fee	One ice session guarantee <b>Non refundable</b>	\$50.00 Up to <b>Mar 31<sup>st</sup>, 2010</b>	\$
Rep Team Tryout Fee	One ice session guarantee. <b>Non refundable</b>	\$75.00 after <b>Apr 1<sup>st</sup>, 2010</b>	\$
<b>Total Payable</b>	.Date Paid in Full	.Method of Payment Cash Cheque Visa MasterCard	<b>\$.....</b>

<b>Amount Paid May 20<sup>th</sup> 2010</b>	Method of Payment Cash Cheque Visa MasterCard	\$
<b>Amount Paid June 20<sup>th</sup> 2010</b>	Method of Payment Cash Cheque Visa MasterCard	\$
<b>Amount Paid July 20<sup>th</sup>, 2010</b>	Method of Payment Cash Cheque Visa MasterCard	\$

- Jersey deposit attached (Post-dated cheque for \$150.00 dated April 1, 2011 made payable to AVMHA.  
(Competitive (Rep) Team Players will be required to submit an additional \$150.00 post-dated cheque to Rep Team after season starts)
- Player requests to play female hockey only

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


<b>Credit Card Info</b> Visa - M/C	Name on Card: (please print)	Card #:	Expiry Date:
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Authorization # .....

**ALL FEES** – INCLUDING FEES OWED FROM PREVIOUS YEAR MUST BE PAID IN FULL AND CHEQUE (\$) MUST CLEAR BEFORE YOU'RE CHILD WILL BE PERMITTED ON THE ICE.

**Goalies** get half price if they have their own equipment AND are only playing the goalie position. This is only offered at time of registration. If after registration 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 Age 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.

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Received from \_\_\_\_\_ for \_\_\_\_\_

<b>Date Paid in Full</b>		Method of Payment Cash Cheque Visa MasterCard	\$
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AVMHA TREASURER/REGISTRAR \_\_\_\_\_