

**REGISTRATION for 2023 - 2024 Season**  
**LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION**



|  |   |
|--|---|
| <input type="checkbox"/> <b>FEMALE TEAM transfer requested</b><br><b>Position:</b> | <input type="checkbox"/> <b>REP TRY-OUT requested (U13-U18)</b><br><b>Position:</b> |
|--|---|

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>U7</b> (2017 - 2018 - 2019) | <input type="checkbox"/> <b>U9</b> (2015 - 2016)  | <input type="checkbox"/> <b>U11</b> (2013 - 2014)        |
| <input type="checkbox"/> <b>U13</b> (2011 - 2012)       | <input type="checkbox"/> <b>U15</b> (2009 - 2010) | <input type="checkbox"/> <b>U18</b> (2006 - 2007 - 2008) |
|   |   | <input type="checkbox"/> <b>U18</b> (2005 over-age)      |

|                             |                           |
|-----------------------------|---------------------------|
| Player's <b>FIRST</b> Name: | Player's <b>LAST</b> Name |
|-----------------------------|---------------------------|

|  |
|--|
| Player's <b>DATE OF BIRTH:</b> <u>YYYY</u> / <u>MM</u> / <u>DD</u> |
|--|

**Player's Primary RESIDENCE Address - INCLUDING POSTAL CODE**

|        |      |             |
|--------|------|-------------|
| STREET | TOWN | Postal Code |
|--------|------|-------------|

**Player's Primary MAILING Address (if different) - INCLUDING POSTAL CODE**

|        |      |             |
|--------|------|-------------|
| PO BOX | TOWN | Postal Code |
|--------|------|-------------|

|   |               |   |
|---|---------------|---|
| <input type="checkbox"/> <b>NEW to minor hockey</b> | Previous MHA: | <input type="checkbox"/> <b>NEW ADDRESS / PHONE since last season</b> |
|---|---------------|---|

**PRIMARY Parent / Guardian**

**NO SECONDARY PARENT / GUARDIAN**

|                    |                         |
|--------------------|-------------------------|
| First & Last Name: | Relationship to PLAYER: |
| PRIMARY EMAIL:     | PRIMARY PHONE:          |

**SECONDARY Parent / Guardian**

**Include SECONDARY Parent / Guardian in player/team communications**

|                    |                         |
|--------------------|-------------------------|
| First & Last Name: | Relationship to PLAYER: |
| SECONDARY EMAIL:   | SECONDARY PHONE:        |

**Hockey Canada Requires LCDMHA to ask the following demographic questions for all registered participants:**

*Further demographic information will be collected at a later time.*

|  |                               |                              |  |
|--|-------------------------------|------------------------------|--|
| <b>Player's CITIZENSHIP:</b>               |                               |                              |  |
| <b>Does PLAYER identify as Indigenous?</b> | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | <input type="checkbox"/> Prefer not to say |
| <b>Player's GENDER:</b>                    | <input type="checkbox"/> Girl | <input type="checkbox"/> Boy | <input type="checkbox"/> Prefer not to say |

\* CONTINUED ON PAGE 2 \*

**TO BE READ AND SIGNED BY PLAYER'S PRIMARY PARENT / GUARDIAN**

**PLAYER'S FIRST & LAST NAME:**

I, the undersigned, being the parent or guardian of the above stated player hereby request that my child be registered in the **LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION**. In the consideration of the benefit conferred on me by the granting of such request, do hereby, on behalf of myself and the said child, release and forever discharge the **LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION** and their assistants, directors, servants, employees, and voluntary workers and each of and from all claims of whatsoever nature, past, present, and future, and whether involving, negligence on their part or not, arising out of or in any way connected with the activities of the Association, and its facilities or structures, and I do hereby undertake to indemnify and save harmless **THE LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION**, the said assistants, directors, servants, employees and voluntary workers and each of them in respect of every such claim demand, action, or cause of action as aforesaid. On payment of annual dues, players are covered by the B.C.A.H.A Mutual Aid Plan for medical and dental expenses up to a maximum allowable for any one accident. Any accident must be reported immediately to team manager or coach. Any delay would result in rejection of claim by the Mutual Aid Plan. I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to my with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct, etc. and I agree to abide by such rules, regulations and decisions Hockey Canada, Its Board of Directors, its Branches and/or divisions. Further the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times. Hockey Canada does not sell, trade or otherwise share the information we collect outside our Branches and Associations however we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/pr hockey specific research.

**This type of usage of your personal information by Hockey Canada, its Branches and/or Association is entirely at your discretion, should you choose to allow this type of usage please check here**  . Parent/Guardian initial

For more information on Hockey Canada's Privacy Policy please visit their web site at [www.hockeycanada.ca](http://www.hockeycanada.ca)

**I FURTHER AGREE** TO ABIDE BY THE BYLAWS, POLICIES, AND FAIR PLAY CONTRACT OF THE LAKE COWICHAN & DISTRICT MINOR HOCKEY ASSOCIATION. I UNDERSTAND THAT FAILURE BY ME OR MY FAMILY MEMBERS TO ABIDE BY SUCH RULES AND REGULATIONS MAY RESULT IN THE SUSPENSION OR EXPULSION FROM PLAY BY THE ABOVE NAMED PLAYER.

|                                |           |      |
|--------------------------------|-----------|------|
| Primary Parent / Guardian Name | Signature | Date |
|--------------------------------|-----------|------|

\* Continued on Page 3 \*

## LCDMHA Parent / Guardian PARTICIPATION COMMITMENT

**Volunteer time by at least one Parent / Guardian is *REQUIRED FOR PLAYER PARTICIPATION!***

Parents / Guardians who volunteer for **TEAM OFFICIAL** and **TEAM COORDINATOR** roles may be exempt from participating in **GAME DAY Helper** duties, depending on team composition.

**Please check which positions you will be able to fulfill in support of your player's team.**  
*Training will be provided as necessary.*

**GAME DAY HELPER**

*Duties include 50/50 - Digital Scorekeeper - Tournament Duties as assigned by Tournament Coordinator*

| PRIMARY Parent / Guardian | SECONDARY Parent / Guardian |
|---------------------------|-----------------------------|
| First & Last Name:        | First & Last Name:          |
| Signature:                | Signature:                  |

**If a parent/guardian is unable to fulfill their GAME DAY duties** - it is their responsibility to trade shifts with another team parent / guardian or find a suitable replacement and notify the Team Manager of the change.

initials

**TEAM OFFICIALS - Name & Email please.**

*\* Additional application process & certifications required - watch your email for more details. \**

|   |  |
|---|--|
| <input type="checkbox"/> <b>HEAD Coach</b>      |  |
| <input type="checkbox"/> <b>ASSISTANT Coach</b> |  |
| <input type="checkbox"/> <b>MANAGER</b>         |  |
| <input type="checkbox"/> <b>SAFETY Person</b>   |  |

**TEAM COORDINATORS - Name & Email please.**

|   |  |
|---|--|
| <input type="checkbox"/> <b>Treasurer</b>               |  |
| <input type="checkbox"/> <b>Tournament Coordinator</b>  |  |
| <input type="checkbox"/> <b>Fundraising Coordinator</b> |  |



|                                      |                  |
|--------------------------------------|------------------|
| <b>Player FIRST &amp; LAST Name:</b> | <b>Division:</b> |
|--------------------------------------|------------------|

|                                       |   |
|---------------------------------------|---|
| <b>Team STAFF / COORDINATOR name:</b> | <b>Team STAFF / COORDINATOR position:</b> |
|                                       |   |
|                                       |   |

|                      |  |                       |
|----------------------|--|-----------------------|
| <b>Division FEE:</b> | <b>REP FEE?</b> <input type="checkbox"/> | <b>Payment notes:</b> |
|                      |  |                       |

|  |   |
|--|---|
| <b>Payment SHARED between parties?</b> | <i>Player Statement of Account</i> to be sent to:      Name / Email / Phone |
|--|---|

**Families with multiple players from the same household**

- Discount available for siblings in **U11-U18 only**. *U7 / U9 do not qualify for a discount.*
- 2nd registration is \$50 off; 3 or more children are \$25 off each additional registration.
- For discounts to apply, all children must remain within LCDMHA.

|                        |
|------------------------|
| <b>Parent Name(s):</b> |
|------------------------|

| Player Name | DIVISION | FEE                          | DISCOUNT?              |
|-------------|----------|------------------------------|------------------------|
|             |          |                              |                        |
|             |          |                              |                        |
|             |          |                              |                        |
|             |          |                              |                        |
|             |          | <b>TOTAL BEFORE DISCOUNT</b> | <b>TOTAL DISCOUNTS</b> |
|             |          | \$                           | (\$            )       |
|             |          | <b>Family BALANCE OWING:</b> | \$                     |