

CAPE BRETON COUNTY MINOR HOCKEY ASSOCIATION

Phone – 562.1767 Fax – 562.1833

Email: countyminorhockey@gmail.com

Website – cbcmha.ca

REGISTRATION FORM 2022-23

PLAYER INFORMATION

Name	Birthdate		
Address	Gender	Female	Male
City	Postal Code	Phone	Home Cell

DIVISION

<input type="checkbox"/> U5	<input type="checkbox"/> U6 (1X)	<input type="checkbox"/> U6 (2X)	<input type="checkbox"/> U7 (1X)	<input type="checkbox"/> U7 (2X)	<input type="checkbox"/> U9	<input type="checkbox"/> U11	<input type="checkbox"/> U13	<input type="checkbox"/> U15	<input type="checkbox"/> U18
REP TRYOUTS (U11-U18)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	POSITION (U11-U18)	<input type="checkbox"/> FORWARD	<input type="checkbox"/> DEFENCE	<input type="checkbox"/>			
			GOALIE						

CONTACT INFORMATION

Mother/Guardian	
Address	Home Phone
	Cell Phone
	Other
Email Address	

SAME AS ABOVE

Father/Guardian	
Address	Home Phone
	Cell Phone
	Other
Email Address	

EMERGENCY CONTACT

Name	Cell
Email Address	

I, the undersigned, certify the information on the registration form to be true and consent to the player (named above) participating in the hockey program of the CAPE BRETON COUNTY MINOR HOCKEY ASSOCIATION - (hereafter referred to as CBCMHA). I further agree to abide by and be subject to the constitution, by-laws, regulations, rules and decisions of the CBCMHA, HOCKEY NOVA SCOTIA and HOCKEY CANADA.

I, the undersigned, understand that hockey is a vigorous and physically demanding game in which injuries may occur. I hereby apply for registration of the above named player in the programs of the CBCMHA, agreeing to accept the reasonable risk inherent in the game of hockey including the risk of serious personal injury. The undersigned, for himself, herself, themselves, their next of kin, executors, administrators assigns, hereby irrevocably releases the CBCMHA, its officers, directors, coaches, assistant coaches, trainers, managers, referees, officials, servants agents, and employees from all manner of claims or causes by actions in any way related to personal injury or property damage sustained by the registered player and/or the undersigned in the course of participating in, viewing, or traveling to or from any of the games or programs sanctioned by the CBCMHA

I certify that I have read, understand, and declare my agreement with the foregoing declaration

NAME _____ DATE _____