



**G.P.M.H.A.I.**  
**P.O. Box 105**  
**Petawawa, ON K8H 2X1**

**Office Use Only**

**Registration Fee:** \_\_\_\_\_

**Cheque**

**Credit Card**

**Number of Cheques:** \_\_\_\_\_

## Player Registration Form

Contact: [registrar@petawawaminorhockey.ca](mailto:registrar@petawawaminorhockey.ca)

<b>Division (select one):</b>		<b>Association Played for last year:</b>
<b>Players Name: (Last, First)</b>		
<b>Date of Birth: (mm/dd/yy)</b>	<b>Gender:</b> M      F	<b>Hockey Canada # (if known)</b>
<b>Address:</b>		
<b>City:</b>	<b>Postal Code:</b>	
<b>Home Phone:</b>	<b>Email Address:</b>	
<b>Parent/Guardian Name: Mother</b>	<b>Father:</b>	
<b>Address (if different from above):</b>		

## Parent or Guardian Consent:

I accept all risks arising from the participation of the above players in the above Association and release same Association from an injury or damage claim action.

I hereby acknowledge that the participation in sports activities organized by G.P.M.H.A. Inc. involves risk of injury, minor or serious, including permanent disability. These types of injury may result from my own actions, the actions of others, or a combination of both.

I understand that rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulation. I also understand that certain activities require a minimum level of fitness for safe participation. I further understand that the activities, programs and services offered by the G.P.M.H.A.Inc. are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience.

I consent to participate acknowledging all the forgoing risks. I also agree that the player and all family members will abide by the Association Constitution and all Hockey Canada, O.D.M.H.A, District 5 and U.O.V.M.H.L. Constitutions, By-Laws, Regulations and Playing Rules.

I certify that the player lives at the address shown above.

I take responsibility of replacing or returning any equipment belonging to the above Association. I consent to my son's/daughter's picture being published on web sites and/or newspapers.

Late fee of \$50.00 per family will apply for all registrations received after July 31 of the current hockey season.

<b>Date:</b>	<b>Printed Name:</b>	<b>Signature:</b>
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***Print and submit 1 copy of your registration with payment by mail or drop off to the Office located inside the Petawawa Civic Centre. If paying by cash or credit card, contact the Registrar.***