

## CHAUVIN HOCKEY REGISTRATION FORM

PLAYERS NAME		_ PLAYERS BIRTHDATE
BIRTH CERT#		_ (ONLY IF FIRST YEAR PLAYER)
HOME PHONE # CELL PHONE #		
RESPECT IN SPORT	#	
(IF PARENTS HAVE	SEPARATE ADDRESS	ES, PLEASE INDICATE BOTH ADDRESSES)
PARENT ADDRESS_		
HOME PHONE #		_
CELL PHONE #		_
EIVIAIL RESPECT IN SPORT	#	
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PARENT/GUARDIA	n signature	
REGISTRATION: CH	IECK ONE	
U7 (INITIATION) U9 (NOVICE) U11 (ATOM) U13 (PEEWEE) U 15 (BANTAM)	\$185.00	
PLAYER TRANSFER		
FEES ARE DUE PRIC THE ICE WITHOUT A		TEPPING ON THE ICE. NO CHILD WILL BE ALLOWED ON
AND POSSIBLY DU	RING OTHER ARENA	HIFTS AT THE CHAUVIN ARENA DURING GAME TIMES ACTIVITIES. SOMEONE WILL CONTACT YOU AND IF YOU UR RESPONSIBILITY TO FIND A REPLACEMENT.
IF YOU HAVE ANY	QUESTIONS, PLEASE	CONTACT MARTINA SKINNER 587-281-2761
PHOTO WAIVER		
	ERMISSION FOR MY ( RENA FACEBOOK PA	CHILD/CHILDREN'S PHOTO TO BE USED ON THE AGE.
	VE MY PERMISSION F	FOR MY CHILD/CHILDREN'S PHOTO TO BE USED ON THE