**PEMBROKE MINOR HOCKEY ASSOCIATION**

P.O. Box 725

PEMBROKE, ON K8A 6X9

 Website: pembrokeminorhockey.com

Contact: registrar@pembrokeminorhockey.com

**PLAYER REGISTRATION FORM**

|  |  |
| --- | --- |
| **Division:** Click or tap here to enter text. | **Association played for last season:** Click or tap here to enter text. |
| **Player Name:** Click or tap here to enter text. |
| **Date Of Birth:** Click or tap to enter a date. | **Hockey Canada ID (if known):** Click or tap here to enter text. |
| **Player Address:** Click or tap here to enter text. | **# Years at this address:**  |
| **Parent/Guardian Name(s):** Click or tap here to enter text. |
| **Primary Phone:** Click or tap here to enter text. | **Primary Email:** Click or tap here to enter text. |
| **Secondary Phone (if applicable):** Click or tap here to enter text. | **Secondary Email (if applicable):** Click or tap here to enter text. |
| **Emergency Contact Info:** Click or tap here to enter text.**Relationship to Player:** Click or tap here to enter text. |

***I/We declare that the above-named player resides at the address noted above. Fees will not be refunded if it is determined that false information has been provided.***

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name (print)** | **Parent/Guardian Signature:** | **Date:** Click or tap to enter a date. |

**FOR OFFICE USE ONLY:**

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| --- | --- | --- | --- | --- |
| **Proof of Age** | **Uploaded to HCR** | **Verified By** | **Date** | **Fees** |
| **Proof of Residency** | **Payment type** |