



#609 34A-2755 Lougheed Hwy., Port Coq. V3B 5Y9 mail: trudid@shaw.ca

Registration for 2018-2019 Season

Player Name: _____	Division: _____
Address: _____	Date of Birth: _____
City: _____ PC _____	Citizenship: _____
Phone: _____	BC Medical #: _____
Email: _____ <small>(for Association Correspondence)</small>	Medical Conditions: _____
Father's Name: _____	Mother's Name: _____
(Same) Address: _____	(Same) Address: _____
_____ PC _____	_____ PC _____
(Same) Email: _____	(Same) Email: _____
(Same) Telephone: _____	(Same) Telephone: _____

SIGNATURE AND WAIVER

We hereby acknowledge the authority of Hockey Canada, BC Amateur Hockey Association, Pacific Coast Amateur Hockey Association, and Tri Cities Female Ice Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations.

EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by the Tri Cities Female Ice Hockey Association, in good condition, and should we fail to do so we agree to reimburse the Association for the replacement cost of such equipment.

RELEASE: In consideration of this application to play under the auspices of Tri Cities Female Ice Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release, and forever discharge the HCA, BCAHA, PCAHA and TCFIHA, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of the association.

PHOTOS: Your child may have their picture taken at association or team events. They may be published on our website or in publications. Names will not be included. If you wish to not have any pictures of your child displayed, please inform your Division Manager.

Signature of Parent or Guardian X _____

Signature of Player X _____

Dated the _____ day of _____ 2018

ALL NEW PLAYERS

Must provide a copy of their birth certificate and a copy of proof of residence (hydro or gas bill)

Tri Cities Female Ice Hockey Association Registration Receipt 2018/19 Season

All NSF Cheques are subject to a charge of \$30.00.

Tri Cities Female Ice Hockey Association's refund policy allows for refunds up to December 31st as defined in the registration policy (9.4 Cancellation of Registration) less the \$60.00 non-refundable affiliation fee. After December 31st, withdrawal from the Association due to medical issues will be reviewed by the Association Executive on a case by case basis.