

3C's MHA Registration Form

Player's Name:				М	/ F		
			Town				
Birth Date:		Age as o	of Dec. 31st:				
Parent/Guardian	hockey before?						
Mailing Address: Street Addr/ Legal Land Location:							
Home Phone #:			Text #:				
Mom's Cell:			Dad's Cell:				
E-Mail Address:							
Emergency Contact							
Name				Number			
	ny child to participate in the sociated with the 3C's and		-	•		A, the	
Printed Name of							
Parent/Guardian				_			
Signature of							
Parent/Guardian							
Date							
Volunteer information ***All volunteers must have a Vulnerable Sector check done***							
I would like to assist the Team (s) in the following way:							
Coach:				Other:			
Assistant Coach:				Other:			
Manager:				<u> </u>			
For Office Use Only							
Season:	Division		oc om,	Town:			
Registration Fee:	<u></u>	<u>'</u>					
Family Discount:		Cash	Cheque	Date			
Other:							
Total							



3C's Minor Hockey Association Waivers

I/we							
the Town o	f:	County of:					
In the Proving:	nce of Alberta do hereby de	clare that I/we are the pare	ent(s) or guardian(s) of the				
	Give permission for the a with the 3C's MHA.	Sive permission for the above named to travel to and from activities involved with the 3C's MHA.					
	Grant the 3C's MHA and it's representatives the permistion to use the above named individual(s) picture and/or name in relation to any activity or publication with regards to the 3C's MHA						
	Grant the 3C's MHA and it's representatives the right to take photographs of me, my property or the above named dependents in relation to any 3C's MHA activity, with or without my name, for any lawful purpose, including, for example, publicity, illustration, advertising and web content.						
	provide insurance protec	licle insurance at a minimul tion against any claims bro sing out of the operation o ctivites	ught by third parties for				
Signed and v	witnessed this	day of	, 20				
Signature of Parent/Guardian		Witness Print					
		Witness Sign					