Registration Certificate

PARTICIPANT INFORMATION

(Please Print)

Name: _____ _____ ( ) _____
First *Last* *Telephone*

Address: _____ _____ _____
Street *City, Province* *Postal Code*

Birth Date: _____ ☐ Male ☐ Female _____
day / month / year **Health Care Number**

Parents Name: **Father:** _____ _____ _____
First *Last* **Work #** **Home #**

Mother: _____ _____ _____
First *Last* **Work #** **Home #**

Email: **Player:** _____ **Parents:** _____

Inline Hockey League Name: _____

Status: *(Please check (✓) only one (1), if necessary, fill out two (2) forms:* ☐ Player ☐ Referee ☐ Coach ☐ Volunteer

Inline Experience: *(Please check (✓) one:* ☐ NONE ☐ 1 Year ☐ 2+ Years Level: _____

Ice Hockey Experience: *(Please check (✓) one:* ☐ NONE ☐ 1 Year ☐ 2+ Years Level: _____

Are you a goalie: ☐ YES ☐ NO **Are you interested in being a goaltender?:** ☐ YES ☐ NO

PARTICIPANT MEDICAL INFORMATION

(Please check (✓) the appropriate response(s) below and provide additional information in the space below if required.

☐	YES	☐ NO	Previous history of concussions	☐	YES	☐ NO	Heart Condition
☐	YES	☐ NO	Fainting episodes during exercise	☐	YES	☐ NO	Diabetic
☐	YES	☐ NO	Epileptic	☐	YES	☐ NO	Medication
☐	YES	☐ NO	Wears dental appliance	☐	YES	☐ NO	Allergies
☐	YES	☐ NO	Asthma	☐	YES	☐ NO	Do you have any health problems that would interfere with participation on a hockey team?

Please give details if you answered "YES" to any of the above items

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident there to, and by signing this certificate, I have become subject to the rules, regulations, and decisions of the CHA, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas.

Signature: _____ **Date:** _____

Method of Payment: ☐ Cash ☐ Cheque: # _____ **Amount:** $ _____

MAIL IN - REGISTRATION

Rockyview Inline Hockey Association
Box 363 - 16 Midlake Boulevard SE
Calgary, AB T2X 2X7