



# Vancouver Island Amateur Hockey Association

2301-E McCullough Road Nanaimo BC V9S 4M9  
info@viaha.org www.viaha.org  
Ph: 250-751-8811 Fax: 250-751-8812

## Female NORTH - Regional Camp - Player Registration 2022

**\*SAVE \$25 AND REGISTER BY MAY 15TH**

**NOTE:** \*In order for player registrations to be fully processed VIAHA must receive pages 1 and 2 with all 4 parts complete. This includes all the required signatures and the registration fee. **COST:** \$125.00 if payment is received by May 15<sup>th</sup> or \$150.00 for any registrations received after this **REGISTRATION DEADLINE: JUNE 30, 2022**

### PART 1 of 4 - PLAYER INFORMATION SECTION

*This section must be completed by the Player, Parent/Guardian*

Players Name: \_\_\_\_\_ Date of Birth: DD: \_\_\_\_\_ MM: \_\_\_\_\_ YYYY: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Best Family Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

I am currently registered with \_\_\_\_\_ Minor Hockey Association.

I am applying to attend the following Regional Tryout Camp: (Tick One)

- U18 A North
- U15 A North
- U13 A North

Team and Division Last Season: \_\_\_\_\_

Preferred position: \_\_\_\_\_ Shoot: Right  Left

Allergies or medical conditions that staff need to be aware of: None or \_\_\_\_\_

### PART 2 of 4 - PARENT INFORMATION SECTION

*This section must be completed by the Parent/Guardian*

Parent 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency contact: (other than parents): \_\_\_\_\_

(Name and relationship to player)

(Phone Number)

Permission from parent or guardian: By my signature, I give permission for my daughter to participate in the VIAHA Regional Female Hockey evaluations.

(Parent/Guardians Signature)

(Date)

**COST:** \$125.00 if received by May 15<sup>th</sup> or \$150.00 for any registrations received after this ~ Cheque or Money Order is preferred ~ Made payable to: "Vancouver Island Amateur Hockey Association." \*NSF Charge is \$30.00

**MAIL:** Fee with your completed registration form to VIAHA 2301- Suite E McCullough Road, Nanaimo BC V9S 4M9

**WHEN:** \*Evaluation Camps will begin (if COVID restrictions permit) on the weekend of August 13/14, 2022.

\*Closer to the date watch the VIAHA Website [www.viaha.org](http://www.viaha.org) for times and locations. Registrants will receive an email too.

**REFUND POLICY:** Requests received 30 days prior to the camp will upon approval of the VIAHA Officers be entitled to receive a 50% refund. Requests within 30 days shall not be entitled to a refund. \*Players carded to the Female AAA Team will receive a full refund

**\*VIAHA is unable to prepare or provide for players with incomplete registration packages – Be sure to send 2<sup>nd</sup> page...**



# Vancouver Island Amateur Hockey Association

2301-E McCullough Road Nanaimo BC V9S 4M9

info@viaha.org www.viaha.org

Ph: 250-751-8811 Fax: 250-751-8812

(Page 2 Female NORTH Regional Camp 2022 Registration)

## **PART 3 of 4 - MINOR HOCKEY ASSOCIATION PERMISSION SECTION**

*This section must be completed by your MHA.*

\_\_\_\_\_ is registered as a player  
(Printed Player's Name)

for the upcoming 2022-2023 playing season with \_\_\_\_\_  
(Name of current Minor Hockey Association)

The above Minor Hockey Association deems it permissible that the player registers for tryouts with the following Female Regional Team, (tick one). It is also understood that if they are successful at making the team a residential waiver request will be required at that time.

- U18 A North
- U15 A North
- U13 A North

↓ **VIAHA will only accept signed permission from the MHA's Registrar, Female Coordinator, President or VP in charge** ↓

Name of MHA Authority: \_\_\_\_\_ Position with MHA: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Authorities Signature)

## **PART 4 of 4 - PARENT PHOTO/VIDEO PERMISSION SECTION**

*This section must be completed by the Parent/Guardian*

I grant to VIAHA the right to take photographs and videos of my child in connection with the Female Regional Hockey. I authorize VIAHA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that VIAHA may use such photographs and videos of our child with or without her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

As Parent/Guardian I have read and understand the above:

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Date \_\_\_\_\_

**REGISTRATION DEADLINE: JUNE 30, 2022 \*SAVE \$25 AND REGISTER BY MAY 15<sup>TH</sup>**

**COST:** \$125.00 if payment is received by May 15<sup>th</sup> or \$150.00 for any registrations received after this

**MAIL:** Fee and both pages of your completed Female Camp Registration Form to VIAHA 2301- Suite E McCullough Road, Nanaimo BC V9S 4M9

**DATE:** Evaluation Camps will begin on the weekend of August 13/14, 2022. (COVID Provided)

**VIAHA EVALUATION CAMP REFUND POLICY 8.02:** Refund requests received 30 days prior of the evaluation camp will upon approval of the VIAHA Officers be entitled to receive a 50% refund. **Requests within 30 days shall not be entitled to a refund.**

**\*VIAHA is unable to prepare or provide for Players with incomplete registration packages\***

**FOR OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ PAYMENT STATUS: \_\_\_\_\_