



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 2023

***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 15th or \$150.00 for any registrations received after. **REGISTRATION DEADLINE: JUNE 30, 2023**

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. **Players must be registered for the season ahead with their home MHA in order to be eligible to tryout.*

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 evaluation weekend.

(Parent/Guardians Signature)

(Date)

COST: \$125.00 if received by May 15th 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 on the weekend of August 12/13, 2023 with 2nd weekend to follow directly after.

*Closer to the date watch the VIAHA Website www.viaha.org for times and locations and those fully registered 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 2nd 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 2023 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 2023-2024 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** ↓

MHA Authority Name: _____ Position with MHA: _____
(Printed)

Signature: _____ Date Signed: _____
(Authorities Signature)

***Players must be registered for the season ahead with their home MHA in order to be eligible to tryout.**

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, 2023 *SAVE \$25 AND REGISTER BY MAY 15TH

COST: \$125.00 if payment is received by May 15th 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 12/13, 2023 with 2nd weekend to follow directly after

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.** *Players carded to the Female AAA Team will however receive a full refund

VIAHA is unable to prepare or provide for players with incomplete registration packages

FOR OFFICE USE ONLY:

DATE RECEIVED _____ PAYMENT STATUS: _____