

Chester Minor Hockey Association
 Division of South Shore Minor Hockey Association
 PO Box 61, Chester, NS B0J 1J0

~ REMINDER ~
**FIND US ON FACEBOOK AND
 CHECK OUT OUR WEBSITE**
www.chestermminorhockey.com

Name: _____ Date of Birth: _____ / _____ / _____
FIRST MIDDLE SURNAME DAY MONTH YEAR

MSI: _____ First Year: YES NO

Medical Information/Alerts: _____

Mothers Name: _____ Contact #: _____

Fathers Name: _____ Contact #: _____

Please indicate if you are interested in coaching: _____

Mailing Address: _____

Email Address: _____

Registration/Payment Information

Division: _____ Position: _____

PAYMENT METHOD: CASH CHQ Number of Payments: 1 2 Paid in Full

TICKET FEES: \$ PAYMENT #1: \$ PAYMENT #2: \$

DATE: DATE: DATE:

PARTICIPATION AGREEMENT

I, the undersigned parent or guardian, consent to my child or ward participating in minor hockey under this player registration form. I agree that my child, named above, or ward does become subject to the rules and regulations and decisions of CMHA, which may be restrictive in some area, such as the movement from team to team, conduct and I hereby consent to him/her participating in the playing of minor hockey and becoming subject to the rules, regulations and decisions of the CMHA, its Board of Directors, and governing agencies of Minor Hockey. I further commit to fundraising obligations as set forth by CMHA.

 Parent or Guardian Consent Date

 CMHA MEMBER

FUND RAISING INFORMATION

- | | | |
|---|---|---|
| <input type="checkbox"/> Golf Tournament
Saturday, October 9 | <input type="checkbox"/> Cash/Prize Ticket Sales
Draw date TBA | <input type="checkbox"/> Comedy Night
Date TBA |
| <input type="checkbox"/> March Break Tournament | <input type="checkbox"/> Bottle Drive | <input type="checkbox"/> Chester Ravens Expo |
| <input type="checkbox"/> SSMHA 50/50 Draw | <input type="checkbox"/> All | <input type="checkbox"/> Fundraising Committee or
have other fundraising ideas |

Contact Information:

Name: _____ Phone # _____

Email Address: _____