

Knowledgeable Parent Able to Evaluate: ___Yes ___No Town of DV___ Brazeau ___ Other ___

I am willing to: ___Head Coach ___Assistant Coach ___Manager ___Extra Fundraising



Drayton Valley Minor Hockey Association

P.O. Box 5408

Drayton Valley, Alberta

Canada, T7A 1R5

www.draytonvalleyhockey.com

Registration 2017-2018 Season

Name: _____ Date of Birth: _____
(Last) (First) (Middle) (MM-DD-YY)

Preferred Position: _____ Shoots: Left or Right (circle one)

Gender: M or F (circle one) Alberta Health Care # _____

Email: _____ Home Telephone# _____

Parents Name & Cell #: Mother: _____ Father: _____

Mailing Address _____ Postal Code _____

Legal Land Description (ie SW-29-35-5) _____

Emergency Contact & # (other than parent): _____

Division	Date of Birth	Early Bird Fees (Until Spring AGM)	Registration Fees*	Amount Due	Fundraising Fees**
Initiation/Mites	2011-2013	\$350.00	\$500.00		\$150.00
Novice	2009-2010	\$525.00	\$675.00		\$150.00
Atom	2007-2008	\$600.00	\$750.00		\$150.00
Peewee	2005-2006	\$600.00	\$750.00		\$150.00
Bantam	2003-2004	\$650.00	\$800.00		\$150.00
Midget	2000-2002	\$650.00	\$800.00		\$150.00

* Last registration cheque has to be dated by September 1/17. Regular Registration Fees applies to any individual who enrolls after the Annual General Meeting. New Members to the association qualify for early bird fees. All postdated cheques are to be made only on the 15th & 30th of the month. Copies of Birth Certificate are required from all first year players to DVMHA.

** Fund Raising cheque to be dated November 30, 2017 for \$150.00 per child, up to 2 children.

I/We the parent/guardian of the above named registrant do hereby certify that the above information pertaining to the player is true and accurate and I/We do hereby give our approval for his/her participation in any or all minor hockey activities during the current program. Additionally, I/We do hereby agree to assist the Association upon request.

Parent/Guardian Name _____ Signature _____

DVMHA Use Only:

Cheque Name Cheque Date Cheque Amount	_____ _____ _____	Received By: Date:	_____ _____
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CONSENT

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT

NOTICE OF ACTIVITIES

A number of activities conducted by Drayton Valley Minor Hockey Association (DVMHA) may include the publication of player's name and picture. The use of this personal information in these activities requires consent of the parent/guardian.

These activities include but are not limited to:

- Taking of individual pictures
- Taking of team pictures
- Listing of names and pictures in tournament programs
- Player and team photographs and names in local newspaper
- Player and team names posted on DVMHA website

Please note that photos and/or videos of minor hockey games and events that are open to the general public may be taken and used for purposes within and outside the DVMHA community. DVMHA may not restrict such public events.

Team photos are published in the local paper annually to thank sponsors. We ask that if you do not wish to have your child's picture published then please do not have your child participate in the team photo. Please feel free to have their individual photo taken which we shall not publish if you do not consent.

I have read the Notice of Activities and understand the intent to collect, use and disclose information listed there on behalf of my child/ward.

Player's Name (please print) _____

Division _____

I DO CONSENT I DO NOT CONSENT

Parent/ Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

QUESTIONS OR CONCERNS

If you have any questions about the use or disclosure of the information collected, please contact the Registrar or Secretary of DVMHA.