



Stephenville Minor Hockey
 P.O. Box 145
 Stephenville, NL
 A2N 2Y9

Inquiries: stephenvilleminorhockey@gmail.com
Payments: smhaacct@gmail.com
Registration: smharegister@gmail.com
 www.stephenvilleminorhockey.com

All information below is required to register for Minor Hockey

Players Name				Date of Birth mm/dd/yyyy		Gender	
Address	Street			Mailing (if different from street)			
	Town			Postal Code			
MCP Number				Previous history of concussions?			
Medical Concerns/Allergies							

	Parent /Guardian #1	Parent /Guardian #2
Name		
Telephone Number		
Email Address		
Emergency Contact Name (if different from parent/guardian)		Emergency Contact Phone #

Minor Hockey	<input type="checkbox"/> U7	<input type="checkbox"/> U9	<input type="checkbox"/> U11	<input type="checkbox"/> U13	<input type="checkbox"/> U15	<input type="checkbox"/> U18
Female Hockey	<input type="checkbox"/> U11	<input type="checkbox"/> U13	<input type="checkbox"/> U15	<input type="checkbox"/> U18		

I grant the Stephenville Minor Hockey Association permission to take photographs of my child, _____. I authorize the Stephenville Minor Hockey Association to use and publish photographs of my child in print or electronically. I agree that the Stephenville Minor Hockey Association may use photographs of my child with or without their name for lawful purposes, including publicity, advertising and web content.

Signature of Parent/Guardian _____ **Date** _____

I acknowledge that I have reviewed and agree to the SMHA Anti-Bullying Contract on behalf of myself and my child.

Signature of Parent/Guardian _____

* If Applicant has applied for funding: Funding Submission # _____

Method of Payment

Cash ___ Cheque ___ Credit ___ EMT ___

At Registration:	
Payment	_____
Receipt #	_____
November 15: (2 nd Payment)	
Payment	_____
Receipt #	_____
February 1: (Final Payment)	
Payment	_____
Receipt #	_____
Credits Applied:	_____