

Mitchell Minor Hockey Association 2010/2011 Registration Form



Child's Name _____

Birthdate _____
Day Month Year Age as of Dec. 31/10

Names of Parents/Guardians _____

Printed Parent/Guardian Name for Tax Receipt _____

Mailing Address _____
Box # or Street Address Town Postal Code

Legal Description (if different from above) _____

Phone Numbers Home: _____ Work: _____
Cell: _____ Cell: _____

Email Address _____

Signature of Parent/Guardian _____

Parent Permission Form for World Wide Web Publishing of Player Name
or Photos

We understand that the name or photo of our son or daughter is under consideration
for publication on the website associated with MMHA, www.mohawkey.com. No home
address or telephone number will appear.

I hereby consent, without further consideration, that my son or daughters name or
photo may be posted and used in a manner related to the intended use as stated.

Signature of Parent/Guardian _____ Date _____

Do not complete – will be done at registration time.

Hockey Level: _____

Registration Cost: _____

Full Payment: _____

Cheque #: _____

Canteen Cheque (\$300.00) # _____

(one per family)

Fundraising Cheque (\$100.00) # _____

(one per family)

4 Payment Option

Sept. 1/10 _____

Oct. 1/10 _____

Nov. 1/10 _____

Dec. 1/10 _____

MMHA Conditioning Camp (\$75.00) # _____