TEAM NAME & DIVISION: _____

PACIFIC COAST AMATEUR HOCKEY ASSOCIATION
TEAM OFFICIAL REGISTRATION FORM

For Association Use Only

MINOR HOCKEY ASSOCIATION | SEASON 20 20 | MUTUAL AID NO.

DIVISION: ☐ Tyke ☐ Novice ☐ Atom ☐ PeeWee ☐ Bantam ☐ Midget ☐ Juvenile

TEAM ASSIGNED TO A B C | ASSOCIATION REG. NUMBER

Please Print and Press Hard

1. IDENTIFICATION:

D.O.B.: ___/___/___ Y M D

GIVEN NAME (S) | LAST NAME

ADDRESS (No., Street, RR#, etc.)

CITY/DISTRICT | POSTAL CODE | TELEPHONE NUMBER ( ) | SEX M ☐ F ☐

2. APPLICATION FOR:

DIVISION: ☐ Tyke ☐ Atom ☐ Bantam ☐ Juvenile ☐ Novice ☐ PeeWee ☐ Midget ☐ Any

LEVEL DESIRED: ☐ "A" ☐ "C" ☐ "B" ☐ Any

POSITION DESIRED: ☐ Coach ☐ Asst. Coach ☐ Manager ☐ Trainer/CHSP Other: _____

3. QUALIFICATIONS:

C.H.A. NATIONAL COACHES CERTIFICATION PROGRAM:

Highest Level Attained	Date Acquired	Location of Clinic

COACHING ASSOCIATION OF CANADA:

	Highest Level Attained	Date Acquired	Location of Clinic
THEORY:			
TECHNICAL:			

C. H. A. INITIATION PROGRAM: ☐ completed | Date | Location of Clinic

CANADIAN HOCKEY SAFETY PROGRAM (CHSP): ☐ completed | Date | Location of Clinic

C. H. A. SPEAK OUT PROGRAM: ☐ completed | Date | Location of Clinic

HOCKEY EXPERIENCE

Season	Association	Division	A	B	C	Position

4. UNDERTAKING, SIGNATURE AND WAIVER:

UNDERTAKING: I hereby acknowledge the authority of the Canadian Hockey Association, the British Columbia Amateur Hockey Association, the Pacific Coast Amateur Hockey Association, and the Minor Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations. I undertake to conduct myself in a manner which befits the position of trust and leadership for which I may be appointed and acknowledge that I may face disciplinary action under the rules of amateur hockey if I fail to maintain the level of conduct and sportsmanship required by those Associations. I hereby certify that the information provided above is accurate to the best of my knowledge.

I hereby authorize the Minor Hockey Association, the PCAHA, and/or the BCAHA to conduct a review of my background, including contact with associations with which I have been associated in the past and with relevant police and/or justice authorities.

EQUIPMENT: I, at the end of the season covered by this registration, agree to return all equipment provided by the Minor Hockey Association, in good condition, and should I fail to do so I agree to reimburse the Association for the replacement cost of such equipment.

RELEASE: In consideration of this application to coach/officiate under the auspices of the Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release, and forever discharge the CHA, BCAHA, PCAHA, and the Association, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of person injury, loss or damage to property, which may occur during or by reason of participation in the activities of the Association.

Signature: X _____ Dated the _____ day of _____, 20 ____ .

COPY 1 – PCAHA COPY 2 – PCAHA COPY 3 – ASSOCIATION COPY 4 – OFFICIAL