



**MOUNTAIN VIEW INLINE HOCKEY ASSOCIATION**  
**Registration Application**

(PLEASE COMPLETE IN FULL, IN INK)

**All information on this form is strictly for the use of the league for registration purposes**

Players Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Season: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birthdate (DD/MMM/YY): \_\_\_\_\_

AHC#: \_\_\_\_\_

Parents Name(S): \_\_\_\_\_

e-mail address: \_\_\_\_\_

Age of Player as of January 1, \_\_\_\_\_ Athletes Age ( )  
(current year)

Playing Position:      goalie      player      (Circle Your Choice)

\_\_\_\_\_  
Player Signature (optional)

\_\_\_\_\_  
Parent Signature (required)

**Registration Fee must accompany this form**

All check are to made payable to \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Registration Fee: \$ \_\_\_\_\_

Method of Payment:

Cash: \_\_\_\_\_ Cheque: # \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

**NOTE: NSF cheques will cost you \$25.00**

**Parent Volunteer Information:**

Would you like to coach or assist in some way with a team?

Coach \_\_\_\_\_

Assistant \_\_\_\_\_

Manager \_\_\_\_\_

Would you like to assist with the association in some capacity? \_\_\_\_\_