



**QATAR MINOR ICE HOCKEY ASSOCIATION
REGISTRATION FORM
2010 – 2011**

QMIHA Use Evaluation Group:
Season Division:

PLAYER INFORMATION (<i>Passport copy required</i>)		<input type="checkbox"/> Passport Copy Attached
Players Name:	D.O.B.:	
PARENT INFORMATION		
Mother's Name:	Mother's Mobile:	
Mother's Email Address:		
Father's Name:	Father's Mobile:	
Father's Email Address:		
Home Telephone Number:		
EMERGENCY CONTACT INFORMATION (other than parent)		
Name:	Telephone:	Mobile:
ADDITIONAL INFORMATION		
Medical Conditions of Player (<i>e.g. Asthma, Allergies, etc.</i>)		
School (<i>to help us coordinate our ice schedule with the local schools</i>):		

All players will be placed in the appropriate division based on their age and skill after evaluations have been concluded. Once evaluations are complete, the coaches will finalize the division and team rosters and communicate this to parents.

Competitive Teams for Tournaments: This year try outs will be held for competitive teams in the U12, U15 & U18 tournament divisions. Indicate your interest below to receive further information. Note: there will be additional costs for these players.

I would be interested in trying out for a competitive team in my age-appropriate division

FULL SAFETY EQUIPMENT IS MANDATORY! All players must wear: Helmet with full cage, neck guard, shin pads, shoulder pads, elbow pads, hockey pants, athletic cup and gloves. Pee Wee & Bantam must also wear a mouth guard.

Waiver: I acknowledge that hockey can be a dangerous sport and may result in injury to my child. I acknowledge that by signing this waiver, it releases the Qatar Minor Ice Hockey Association (QMIHA), its directors, coaches and/or instructors, the Villaggio Ice Rink, the people working at the facility and all people concerned with the program from any liability for injury or accident which may be incurred by any player.

The QMIHA reserves the right to modify, cancel or make adjustments to the program as deemed necessary. The QMIHA will not be responsible for lost, stolen or broken equipment or property of any player.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

Photo Waiver: Photographs are periodically taken of players during practices and games. I give QMIHA permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story in QMIHA publications, web pages and other promotional materials produced, used by and representing the QMIHA. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

FOR ASSOCIATION OFFICIALS USE ONLY

Initiation QR 900 Other Division QR 1300 Age at Dec. 31: _____

TOTAL AMOUNT PAID: _____ Receipt #: _____

PAYMENT RECEIVED BY: _____ Date: _____

All registration fees are non refundable, except for reasons as outlined in the Constitution of the QMIHA