

CARLETON PLACE MINOR HOCKEY ASSOCIATION

NEW PLAYER REQUEST FORM

Please complete the information below to submit your request for a Hockey Canada Registration Identification number. To be processed, you **MUST** provide a copy of your child's birth certificate and proof of residency (hydro/gas bill OR copy of Purchase Agreement with new address and closing date visible with costs blacked out).

**Please complete, then save and return this form to** [**registrar@cpmha.ca**](mailto:registrar@cpmha.ca)

Once accepted, new members will receive a Hockey Canada ID and instructions enabling them to logon and complete the registration process on-line. **Player registration is approved once the online registration process and payment have been processed.**

**PLAYER INFORMATION**

Name: Choose an item.

Date of Birth (MM/DD/YYYY): Choose an item.

Gender:  Male  Female  X

Street Address: Choose an item.

City Choose an item. Postal Code:Choose an item. Phone Number: Choose an item.

**GUARDIAN INFORMATION**

Primary Guardian’s Name: Choose an item.

Additional Guardian’s Name: Choose an item.

Primary email address used for communication: Choose an item.

Additional Guardian’s Address (if different from player’s address): Choose an item.

**PROOF OF RESIDENCY**

Please confirm your address is within the CPMHA boundary before registering by checking the following website: <http://maps.heominor.ca>

Any questions or concerns, please contact [registrar@cpmha.ca](mailto:registrar@cpmha.ca)

**~ Completion of this form or receipt of ID does not mean player is registered ~**