



Minor Hockey Foundation Ontario
25 Brodie Drive, Unit 3
Richmond Hill, ON L4B 3K7
P: 905-780-6642 F: 905-780-0344
www.hockeyfoundation.ca

Application Checklist

- One page letter outlining request
- Sizing Chart included

Opt Out

The MHF reserves the right to use the participant's photograph, name and affiliated minor hockey association for promotional purposes. If the participant or the participants' parent/guardian wishes to OPT OUT of the foregoing, please check the box below.

I hereby wish to OPT OUT:

Agreement to Participate

By signing below, I hereby acknowledge the following:

1. I/My participating child hereby agrees to abide by and support the current Ontario Minor Hockey Association Code of Conduct. Any offender will be prohibited to participate in the LLHP.
2. I/My participating child understands that during the time of participation in the LLHP event at the arena, the MHF will purchase insurance to cover the participant's injuries. I understand that travel to and from the event will be at the parent, guardian or chaperone's risk and expense.
3. I hereby apply for the Let's Learn Hockey Program and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Signature of Parent/Guardian:	_____	Date:	_____
Signature of Agency/Case Worker (if applicable):	_____	Date:	_____

Privacy Statement: The information requested on this form is required by the Minor Hockey Foundation Ontario (MHF) and their respective executives, employees, coaches, trainers, referees, volunteers and partners) for registration and promotional purposes and to administer the rules and regulations of the MHF, Let's Learn Hockey Program (LLHP). In order to do so, the OMHF may, if required, request proof of a Participant's identity, address and date of birth.

Please send complete applications to the following address:

Minor Hockey Foundation Ontario
Attn: Let's Learn Hockey Program
25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7
E-mail: info@hockeyfoundation.ca



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Personal Information

Name: _____ Parent/Guardian Name: _____
Address: _____
City: _____ Postal Code: _____
Phone (H): _____ Cell: _____
E-mail: _____
Birth Date (MM/DD/YYYY) _____
Height: _____ Weight: _____

Hockey Involvement

Name of Nearest Minor _____
Hockey Organization: _____
Location (if known): _____

Agency/Case Worker Information

Agency / Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____
Website: _____
Contact: _____ Title: _____
Alternate Contact: _____ Title: _____
Phone: _____ Fax: _____
E-mail: _____

Hockey Association / Organization Information (if applicable)

Current Association / Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____
Website: _____
Contact: _____ Title: _____