



PARENT DECLARATION FORM

TO: The Local Minor Hockey Association (c/o Registrar) in which the Player will be registering

DATE: _____

Dear Sir/Madam:

I/We _____ parent(s) of player _____

(Player's date of birth) _____/_____/_____ hereby declare that I/We have established our permanent
Day Month Year

residence at the following address:

Street Town/City

Postal Code Home Telephone #: _____

We have resided at the above address since _____/_____
Month Year

Our former address was:

Postal Code Phone _____

Yours truly,

Signature of Parent(s)

***NOTE: Falsification of any information may result in discipline as per Hockey Canada regulations.**

Please return completed form to Hockey Newfoundland and Labrador
P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4
Fax: 709-489-2273 Email: office@hockeynl.ca