



# HOCKEY ALBERTA

## Player Verification Form

This form shall be filled out entirely by player(s) who reside outside the associations boundaries. The intent of this document is to determine whether the player is to be classified as an import or non-import. It shall determine what number(s) this association may be required to carry for this player from other associations.

REQUESTING MINOR HOCKEY ASSOCIATION: \_\_\_\_\_

ZONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

-PLEASE PRINT-

Players  
Name Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

Legal Land Location \_\_\_\_\_ Phone # \_\_\_\_\_ Hockey ID#: \_\_\_\_\_

Association Played for last \_\_\_\_\_ Season \_\_\_\_\_

Current Association and Team \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a Goaltender? \_\_\_\_\_

Please state reasons for Player Registration here:

- There is no Team in my Age/Division in My Resident Association (the one who's boundaries I live in)
- My Resident Association has a team but it is FULL (17 skaters, 2 goaltenders)
- My Resident Association and this Association joined together so we had enough for a team
- Other (Please explain): \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Association President \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Conditions: \_\_\_\_\_

Minor Zone Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Please submit any additional information ie. letters from other Association.

Please note: Due to the fact some of these P.V. Forms have been submitted quite early, the classification of said player may change; as per the January Draw Meeting.

Zone # \_\_\_\_\_  
Case # \_\_\_\_\_