



Signature of Parent or Legal Guardian \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_, 2022

**\*\*\*Every Registration Form must be submitted with full payment\*\*\***

**Please print Players name on Cheque Memo line.**

**E-transfer payments must be sent to [payments@smhahockey.com](mailto:payments@smhahockey.com),  
password *WARRIORS*. Please note your player's full name in the message.**

Please mail all forms to;  
Attn. Registrar  
SMHA  
PO Box 29  
Ardrossan, AB  
T8E 2A1  
Or  
Scan/Email to:  
[registrar.smha@gmail.com](mailto:registrar.smha@gmail.com)