



**Eastman Minor Hockey Association  
Association Grandfather Application Form**

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 First Last M/D/Y

Primary Physical Address: \_\_\_\_\_  
 Driveway # Road Name/# Municipality/City/Town

Mailing Address: \_\_\_\_\_  
 PO Box City/Town Postal Code

Phone Number: \_\_\_\_\_  
 Home Mobile Other

School enroled in: \_\_\_\_\_

Parents Names: \_\_\_\_\_  
 First Last First Last

Custody (circle one): Lives w/both Mother Father Other

Secondary Physical Address  
 (if applicable): \_\_\_\_\_  
 Driveway # Road Name/# Municipality/City/Town

Current Association \_\_\_\_\_ # of years in this  
 Registered With: \_\_\_\_\_ Association: \_\_\_\_\_

Siblings not yet registered in minor hockey:

	First	Last	Date of Birth (M/D/Y)
#1			
#2			
#3			
#4			

Consent: By submitting this application, it is understood that the player named will not have the opportunity to revoke this application once approved. The player will become permanent property of the association he/she is being grandfathered to, and no application to return tho the proper association based on residential qualifications will be considered. By signing this form, the parent or legal guardian acknowledges and agrees to the terms as outlined.

\_\_\_\_\_  
 PARENT/LEGAL GUARDIAN (print & sign) DATE

\_\_\_\_\_  
 DIRECTOR, EMHA DATE

**\*\*FORM MUST BE RECEIVED BY AUGUST 15, 2017 (no exceptions will be made)\*\***

**Forms to be emailed to: info@eastmanminorhockey.ca and cc: president of association grandfather TO**