



DECLARATION OF RIGHT OF CHOICE



Pursuant to Regulation 3.4 a) of the Ontario Minor Hockey Association concerning Right of Choice, we, the undersigned, confirm that the provisions of Regulation 3.4 have been explained to the player named and his/her parent or legal guardian:

| |
|--------------------------|
| Registering Association: |
| President: |
| _____ |
| Print Name |
| _____ |
| Signature |
| Secretary: |
| _____ |
| Print Name |
| _____ |
| Signature |

We, the undersigned, confirm the provisions of Regulation 3.4 a) have been explained to us.

| |
|---|
| Player: |
| _____ |
| Print Name |
| _____ |
| Signature (if required) |
| Player's Date of Birth: |
| _____ |
| Month |
| _____ |
| Day |
| _____ |
| Year |
| Address of Player: |
| _____ |
| Distance to Association A: |
| _____ |
| Distance to Association B: |
| _____ |
| Distance to Association C: |
| _____ |
| Parent/Guardian: |
| _____ |
| Print Name |
| _____ |
| Signature |
| Dated at: _____ Ontario, this _____ day of _____ 20 _____ |

The original of this document is to be retained by the registering Association. A copy of this document must be uploaded to the Hockey Canada Registry (HCR).

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.