



DECLARATION OF RIGHT OF CHOICE



We the undersigned, acknowledge that the Regulations of the Ontario Minor Hockey Association (OMHA), as they pertain to Right of Choice (ROC), have been explained to the player named and his/her parent or legal guardian.

Registering Association:	
President:	

Print Name	Signature
Secretary:	

Print Name	Signature

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.