



Play-More APPLICATION FORM

NAME _____

GUARDIAN _____

TELEPHONE _____

GUARDIAN RELATIONSHIP _____

EMAIL _____

ADDRESS _____

CITY _____

POSTAL CODE _____

PLAYER
BIRTH DATE
& YEAR BORN _____

SKILL LEVEL _____

SCHOOL _____

SCHOOL TELEPHONE _____

MOST RECENT PLAYER HISTORY (if Played Before)

YEAR	POSITION	DIVISION	CATEGORY	ASSOCIATION/CLUB

REQUIREMENTS OF THE APPLICANT

1. Player must be a Mississauga resident and prove residency based on the City of Mississauga Recreation and Parks criteria.
2. The player cannot be currently registered with any hockey league.
3. There must be an opening within the age and skill level within the MHL.
4. The MHL will decide what Association the player will be registered with.
5. No releases will be granted once registered.
6. *Proof of financial hardship must be submitted
7. *Parent must write a brief letter explaining the hardship.
8. *Player must write a brief letter explaining why he/she wants to play hockey for the MHL.
9. Application for the Player Assistance Program must be received by the MHL office no later than **August 1st of the current playing season.**
10. Notification on acceptance or rejection will not happen until September 1st of the playing season.

*Forward complete applications (with letters and proof of residency) to:

**Executive Director
Mississauga Hockey League
3065 Ridgeway Drive, Unit 34
Mississauga, ON L5L 5M6**

By signing this document the guardian and player confirm all information provided herein is accurate and true. Any falsified information provided within this statement, will result in the player being subjected to immediate deregistration from the Play-More Program and possible future sanctioning of play in the Mississauga Hockey League.

Guardian Name (please print)

Player Name (please print)

Guardian Signature

Date

Player Signature

Date