MMHA Referee Registration Form
2026-2027

Name: Last: _____ First: _____
Male _____ Female _____ Age_____ Must be 10 years of age before Dec. 31****
Date of birth: day _____ month _____ year _____

Phone Number Home _____ Cell _____

Email Address_____

Mailing Address: _____

Parents' Names _____

Have you refereed before? _____yes _____no Number of Years_____

Current Certification Level _____

Have you ever played hockey before? _____yes _____no

Level of hockey played _____

Sask Health Card Number_____

Check any medical conditions or disabilities: _____Asthma _____Diabetes ____Seizures

_____Blackouts _____Headaches or Migraines _____Contact Lenses _____Glasses

List any allergies or regular medications_____

Emergency Contact_____ Phone Number_____