



# 2026 PLAYER REQUEST FORM TO ATTEND T1 HOST TRYOUTS

## PART 1 of 3 - INFORMATION SECTION

Please consult the chart below for instructions (and if needed) submit PAGE 2 of this request form along with fee to the applicable host by the **DEADLINE OF: JULY 31ST, 2026**. Any applications received afterwards will be accepted at the discretion of each T1 Host with approval from your home MHA.

**COST: \$175.00** Tryout Fee \*NSF Charges as per the T1 Host MHA

**ALL PLAYERS MUST BE REGISTERED WITH THEIR HOME MHA FIRST IN ORDER TO PARTICIPATE IN T1 HOST TRYOUTS**

INTERESTED PLAYERS FROM:	USE THIS FORM?	WHO TO REGISTER WITH
ALBERNI VALLEY, OCEANSIDE, COWICHAN VALLEY & LAKE COWICHAN MHA'S	YES	<b>Mid Island Host is Nanaimo MHA:</b> Send emailed forms and e-transfers to <a href="mailto:administrator@hockeynanaimo.com">administrator@hockeynanaimo.com</a> Phone # 250-754-5010
NANAIMO MHA	NO	As home players please use NMHA's regular registration process
SOOKE & KERRY PARK MHA'S	YES	<b>CRD West Host is Juan de Fuca MHA:</b> Mail or drop off payment to 1767 Island Hwy, Victoria V9B 1J1 or email forms and e-transfer to <a href="mailto:payments@jdfminorhockey.com">payments@jdfminorhockey.com</a> Questions can be directed to <a href="mailto:office@jdfminorhockey.com">office@jdfminorhockey.com</a> Phone# 250-661-8546
JUAN DE FUCA MHA	NO	As home players please use JDFMHA's regular registration process
POWELL RIVER MHA	YES	<b>Host is the North Island Bears Program</b> *Comox will collect interested Powell River player forms. Mail to Comox Valley MHA PO Box 3226, Courtenay, BC V9N 5N4 Also accepting emailed forms and e-transfers to <a href="mailto:comoxvalleymha@gmail.com">comoxvalleymha@gmail.com</a> Phone: 250-702-5259
COMOX VALLEY MHA	NO	<b>Host is the North Island Bears Program</b> Please use CVMHA's regular registration process for payment <b>but still email</b> this form to <a href="mailto:comoxvalleymha@gmail.com">comoxvalleymha@gmail.com</a> Phone: 250-702-5259
TRI-PORT & GOLD RIVER MHA'S	YES	<b>Host is the North Island Bears Program</b> *Campbell River will be collecting forms. Email forms and e-transfers to <a href="mailto:info@crmha.ca">info@crmha.ca</a> Phone: 250-204-6767
CAMPBELL RIVER MHA	YES	<b>Host is the North Island Bears Program</b> Please use CRMHA's regular registration process for payment <b>but still email</b> this form to <a href="mailto:info@crmha.ca">info@crmha.ca</a>
PENINSULA MHA	YES	<b>CRD East Host is Victoria Racquet Club MHA:</b> Send form <a href="mailto:vrcregistrar@gmail.com">vrcregistrar@gmail.com</a> etransfer fee to <a href="mailto:vrcmhatreasurer@gmail.com">vrcmhatreasurer@gmail.com</a>
VICTORIA RACQUET CLUB MHA	NO	As home players please use VRCMHA's regular registration process
VICTORIA MHA	NO	As home players please use VMHA's regular registration procedure
CAPITAL REGION FEMALE MHA	NO	N/A

**WHEN & WHERE:** Stay in contact with the host you register with for the time & dates of ID & Evaluation Camps.  
*\*North Island tryout locations and which MHA will host which teams will be determined by the NI Bears Committee after the registration deadline*



**PART 2 of 3 - PLAYER REGISTRATION SECTION**  
*This section must be completed by the Player, Parent/Guardian*

Players Name: \_\_\_\_\_ Date of Birth: DD: \_\_\_\_\_ MM: \_\_\_\_\_ YYYY: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Parent Email/s: \_\_\_\_\_

Parent Phone #/s: \_\_\_\_\_

My **Home** Minor Hockey Association (where I reside) is: \_\_\_\_\_

**I am requesting to attend the following T1 Host Tryouts: (Tick one only)**

*\*Refer to chart on Page 1 if needed:*

<b>NORTH ISLAND BEARS</b> (Team Hosts – TBA)	<b>MID-ISLAND</b> (Host - Nanaimo MHA)	<b>CRD West</b> (Host - JDF MHA)	<b>CRD East</b> (Host – VRC MHA)	<b>CRD Mid</b> <i>Victoria Players register with Victoria MHA.</i>
U18 <input type="checkbox"/>	U18 <input type="checkbox"/>	U18 <input type="checkbox"/>	U18 <input type="checkbox"/>	
U15 <input type="checkbox"/>	U15 <input type="checkbox"/>	U15 <input type="checkbox"/>	U15 <input type="checkbox"/>	
U13 <input type="checkbox"/>	U13 <input type="checkbox"/>	U13 <input type="checkbox"/>	U13 <input type="checkbox"/>	

Team and Division Last Season: \_\_\_\_\_

Preferred Position: \_\_\_\_\_ Shoot: Right  Left

Allergies or medical conditions that staff need to be aware of: None (circle) or \_\_\_\_\_

**If a player is not successful in making a T1 MHA Host Team they will need to return to their home MHA.**  
**ALL PLAYERS MUST BE REGISTERED WITH THEIR HOME MHA FIRST IN ORDER TO PARTICIPATE IN A T1 HOST TRY OUTS**

**PART 3 of 3 - PARENT CONSENT SECTION**  
*This section must be completed by the Parent/Guardian*

Parent or Guardian(s) Name: \_\_\_\_\_

Contact Info: (if different from players info): \_\_\_\_\_

Permission from Parent or Guardian:

By my signature, I give permission for my child to participate in T1 evaluations. I also understand that should my child not be successful in making the T1 Host Team, they will be returned to their home MHA. Should my child be selected to a T1 team, I agree to the transfer of his/her Hockey Canada profile to the team host for the season.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**MHAs are unable to accept nor transfer players with incomplete requests**

<b>FOR T1 HOST OFFICE USE ONLY:</b>	
DATE RECEIVED _____	PAYMENT STATUS: _____