

**DECLARATION OF ANCESTRY**

This form is provided for anyone that is not able to provide a Status card at the time of registering as a Aboriginal hockey player for the Yukon First Nations Hockey Association Annual Hockey Tournament.

**PLEASE SUBMIT THE REQUIRED INFORMATION ON YOUR FIRST NATION**

**(REGISTRY/STATUS SERVICES) LETTERHEAD.**

* + 1. **Players who fail to provide valid Proof of Ancestry to YFNHA before March 20th, 2024 will not play in the tournament. Metis Hockey Player’s Application must be submitted by noon on Thursday, March 14th, 2024 and be approved by the Yukon First Nations Hockey Association before a player is eligible to play. There will be no exception to this rule!!!**

**Applicant Information - *Please provide a copy of valid picture ID***

Full Name:

Date of Birth (YYYY/MM/DD): Gender: \_\_\_\_\_\_\_\_\_\_\_

Full Mailing Address:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact No:

**Proof of Status**

**This part of the form needs to be completed by the First Nation (Registry/Status Services) and will need to be return to the YFNHA Board of Directors by the cutoff date.**

Full Name of First Nation (Registry Group):

Full Address of First Nation:

Contact Person (Full Name):

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:

Registry Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region:

I, , the register/status services representative for the

(Full Name of Register/Status Services Representative)

, here by declare that

(Full Name of First Nation) (Full Name of applicant)

is a member/descendant of our First Nation. I hereby declare that the information provided in this statement is true to my knowledge and will be held responsible for any conflicts arising from this declaration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of First Nation Register/Status Services Representative Date

**For Office Use Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is  eligible to play or  is not eligible to play in the 2024 Tournament.

Name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (YFNHA Board Member / Rep) Date

Return completed form to YFNHA Tournament Coordinator at yfnhahockey@gmail.com