



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.

2.1.2 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*