

MÉTIS HOCKEY PLAYER APPLICATION FORM



Métis Hockey Players: All Métis hockey players must submit a Métis Player Application Form along with an official letter from a recognized Métis organization to the Yukon First Nations Hockey Association by **Thursday, March 14th, 2024**. The YFNHA Association will approve or deny the Métis Player Application form based upon the information provided.

PLEASE SUBMIT THE REQUIRED INFORMATION ON YOUR ORGANIZATIONS REGISTRY 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 (MMM/DD/YYYY): _____ Gender: _____

Full Mailing Address: _____

Cell Phone: _____ Other Contact No: _____

DECLARATION OF MÉTIS ANCESTRY

This part of the form must be completed by a recognized Métis Organization and returned to the YFNHA Board of Directors by the cutoff date.

Full Name of Métis Organization: _____

Full Address of Métis Organization: _____

Contact Person (Full Name): _____

Phone Number: _____ Fax Number: _____

Registry Number: _____ Region: _____

I, _____, the representative for the _____
(Full Name of Rep) (Full Name Métis Organization)

here by declare that _____
(Full Name of applicant)

is a member or descendant of our Métis Organization. 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

Date

For Office Use Only

Name of Applicant

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

Signature (YFNHA Board Member / Rep)

Date

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