



**Ontario Minor Hockey Association**  
 25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7  
 Tel: 905-780-OMHA (6642) Fax: 905-780-0344  
 Go to the net at: [www.omha.net](http://www.omha.net) · E-mail: [omha@omha.net](mailto:omha@omha.net)

**DECLARATION of RIGHT OF CHOICE**

Pursuant to Regulation 3.4a) of the Ontario Minor Hockey Association concerning Right of Choice, we, the undersigned, confirm the provisions of Regulation 3.4a) have been explained to the player named and his/her parent or legal guardian:

Registering Association:
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President:	
Print Name	Signature

Secretary:	
Print Name	Signature

We, the undersigned, confirm the provisions of Regulation 3.4a) have been explained to us:

Player:	
Print Name	Signature
Birth Date of Player:	Month:          Day:          Year:
Address of Player:	
Parent / Guardian:	
Print Name	Signature

Dated at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

A copy of this document should be retained by the registering Association.

A copy of this document is to be forwarded to your OMHA Regional Executive Member and the OMHA Office.

**PRIVACY STATEMENT:** The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.

Member of:

