



NSSAF - Hockey Nova Scotia Insurance Form

General Information

(Please note that a separate form must be completed for each team if a school has multiple teams.)

Season: _____

School: _____

Level: Jr High/Middle School High School (Please circle)

Gender: Male Female Mixed (Please circle)

Team Information

Total Number of Student-Athletes on Team: _____

Number of Student-Athletes also on HNS Registered Teams: _____

(HNS registered teams consist of PeeWee, Bantam or Midget - Rec, B, A, AA, AAA or Major teams playing in Nova Scotia from September – April of the current playing season).

School Contact Information

Name: _____

Position with Team: _____ (Coach, Manager, School Rep)

Phone: _____

E-Mail: _____

Signature: _____

Principal's Signature _____

This form must be returned to the NSSAF office no later than January 14th of the registered playing season. Mail to: NSSAF, 5516 Spring Garden Road, Suite 304, Halifax, NS B3J 1G6. Email to: dweston@sportnovascotia.ca . Fax to 425-5606.

If you have any questions while completing this form, please contact Darrell Dempster at the NSSAF office 902-425-8662 or Mike Field/Darren Cossar at the HNS office 902-454-9400.