



**2023 NAHC ACADEMIC RESIDENCY FORM  
(Approved Hockey Academy)**

**PLAYER NAME:** \_\_\_\_\_

**PERMANENT ADDRESS**

**ADDRESS:** \_\_\_\_\_ **PROV/TERR:** \_\_\_\_\_

**DECLARATION FOR NAHC**

**HOCKEY ACADEMY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PROV/TERR:** \_\_\_\_\_

\*\*\*\*\*

I hereby declare that \_\_\_\_\_ is currently registered and  
(Player Name)

attending school at \_\_\_\_\_, located in the  
(Hockey Academy Name)

Province/Territory of \_\_\_\_\_.

**Player Signature:** \_\_\_\_\_

\*\*\*If the Player is under the age of 18, then Parent / Guardian Signature required.

**Parent / Guardian Signature:** \_\_\_\_\_