



Phone: _____

PLAYER APPLICATION TO REGISTER FORM

Date: Thursday, May 13, 2004

Card # _____

Year _____ 2004

Association number _____

Date of Birth: (YY/MM/DD) _____

Health Insurance no: _____

Age: _____

Category: _____

Gender: Male _____ Female _____

Language: _____

Name and member's address :

Playing position _____ Shoots: Left _____ Right _____
(Center, wing, forward, defense, goalie)

Height: _____ Weight: _____

Home ph: _____ Work ph: _____ Fax ph: _____ Cell ph: _____

E-Mail address: _____ Last year team's _____

Father's name: _____ Mother's name: _____

(Complete below only if different from above)

Address: _____ Address: _____

City: _____ Postal code: _____ City: _____ Postal code: _____

Home ph: _____ Work ph: _____ Home ph: _____ Work ph: _____

Other ph: _____ E-mail _____ Other ph: _____ E-mail _____

Person to contact in case of accident or emergency, if parent not available:

Name: _____ Phone: _____

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, Board of Directors, its Branches and/or divisions. Further, the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Branches and Associations however we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or associations is entirely at your discretion, should you choose to allow this type of usage please check the box here

Parent's signature : _____ Member's signature : _____

Name in block letters: _____ Name in block letters: _____

OFFICIAL RECEIPT FOR REGISTRATION PURPOSES

Receipt no.: _____

Description of the fee: _____

Rate of this activity: _____

Total: _____

Payments:

Date

Type

Receipt

_____	_____	_____	_____
_____	_____	_____	_____