

2015-2016 REGISTRATION FORM

Member's Name and Address

Previous Association: _____

Registrant:

Birth Date (yyyy-mm-dd): _____

Gender: _____

Language: _____

Shoots (Left/Right): _____

Health #: _____

| REGISTRANT & PRIMARY CONTACT INFO | | MOTHER / GUARDIAN | FATHER / GUARDIAN |
|--|--|-------------------|-------------------|
| Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City | | | |
| Postal code | | | |
| Home Phone # | | | |
| Cell Phone # | | | |
| Work Phone # | | | |
| Email | | | |
| <input checked="" type="checkbox"/> Tax Receipt | | | |
| Able to Volunteer as Coach, Assistant, Trainer, Manager, or for Tournaments or Committee Work? | | | |

| OPTIONAL EMERGENCY CONTACT NAME (NOT A PARENT) | HOME # | CELL # | WORK # | | |
|--|------------------|---|-------------------------|------------------------|---------------------------|
| | | | | | |
| PREVIOUS TEAM | CURRENT DIVISION | POSITION Player, Forward, Defence, Goal | FEMALE HOCKEY Yes/No | COMP. TRYOUT Yes/No | CHECKING CLINIC Yes/No |
| | | | Y/N | Y/N | Y/N |

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, its 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. Membership commences August 1.

| DATE | Parent/Guardian to PRINT Name (Registrant may print name if age 19 or older) | Parent/Guardian Signature (Registrant may print name if age 19 or older) |
|------|---|---|
| | | |

| FEE DESCRIPTION | AMOUNT |
|---|-------------|
| Tryout Fee (post date: 06/01/2015) | 100 |
| Registration (post-date: 08/01/2015) | 315/345/400 |
| Administration (post-date: 08/01/2015) | 20 |
| Competitive Fee (post date: 11/01/2015) | 450/500 |
| Jersey Deposit (post-date: 03/31/2016) | 200 |

| DATE PAID | TYPE (Cheque, etc.) | AMOUNT |
|-----------|---------------------|--------|
| | | |
| | | |
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