



2017-2018 REGISTRATION FORM

MEMBERS NAME AND ADDRESS

Registrant: _____

Birth (yyyy-mm-dd): _____

Gender: _____

Language: _____

Shoots (Left/Right): _____

Health #: _____

Previous Association:

REGISTRANT & PRIMARY CONTACT INFO		MOTHER / GUARDIAN		FATHER / GUARDIAN	
NAME					
ADDRESS 1					
ADDRESS 2					
CITY					
P CODE					
HOME #					
CELL #					
WORK #					
email					
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	DATE PAID	TYPE (Cheque, etc.)	AMOUNT
Administration (post-date: 08/01/2017)	20			
Registration (post-date: 08/01/2017)	340/370/425			
Tryout Fee (post date: 06/01/2017)	100			
Competitive Fee (post date: 11/01/2017)	450/500			
Jersey Deposit (post-date: 03/31/2018)	200			
JERSEY SIZE				