

DRUMHELLER MINOR HOCKEY



**BOX 2348
DRUMHELLER, AB
T0J 0Y0
403-823-7947**



Registration Form

Name of Player – Please Print

Community League: _____

Card #: _____

Division: _____

Season: _____

Date of Birth (mm-dd-yyyy)	Gender:	Language:	
Home #:	Work #	Fax:	
Cell:	E-mail:		
Health Insurance #:	Birth Certificate:		

Team Information

Position:	Shoots:	Height:	Weight:
Division:	Category:	Previous Team:	

Division: Initiation - Novice - Atom - Peewee - Bantam - Midget - Junior - Juvenile

Father Information

Name:	Home #:
Address:	
Work #:	Cell #:
E-mail:	

Mother Information

Name:	Home #:
Address:	
Work #:	Cell #:
E-mail:	

Emergency Contact

Name:	Phone #:
Address:	

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

Parent/Guardian's Name (print): _____ Member's Name (Print): _____

Parent/Guardian's Signature: _____ Member's Signature: _____

Date: _____

Name: _____ Date: _____ Receipt #: _____

Fee	Amount

Payment	Amount
1	\$
2	\$

Notes: _____