

## Williams Lake Minor Hockey Assocation PO BOX 4136, Williams Lake BC V2G 2V2

## **Registration Form**

Player Name		Division: Initiation, Novice, Atom, Peewee, Bantam, Midget			
			Season 201	7-2018	
Date of birth (mm/dd/yyy)			Gender	Male Female	
Care Card Number		Birth (	Certificate		
		on the state of th			
Father Information	Di Albadas es				
Name			Phone #		
Address		Postal	3.000		
Work Phone #	Cell #		Email		
			74		
Mother Information					
Name		200000000000000000000000000000000000000	Phone #		
Address		Postal	Code	Code	
Work Phone #	Cell #		Email	Email	
	i lan		N N		
Emergency Contact – not a p	arent already lis	sted abo	ve		
Name:		Phone	#	12. 4	
Address					
I, 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 decision 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 addition 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 association is entirely at your discretion, should you choose to allow this type of usage please check the box here					
Parent/Guardian's Name (Print)					
Parent/Guardian's Signature		Date			
for Office use					
Player Name	Date			Receipt	
Fee Amount			Payment	Amount	
Notes					

## Registration Check list: Confirmation of Current Access Pass

This area must be stamped and initialed by CMRC staff at the front desk of the

Recreation Complex before this registration form will be accepted.

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•••	Player meets	skating	reauirem	ent

- \* Copy of Players Birth Certificate (check the front of the form for the Birth Certificate number)
- BC Care Card number (check the front of the form)
- \* Registration Fees Cash or Cheque
- Request for Player movement if applicable Please ask for the form from the Office. Note this form must be completed at time of Registration.

## \*If you do not have all the items from the above list-you cannot register the Player\*

on the WLMI,		publications, pr give	f the player will from tin omotional posters or bro consent for WLMHA to	chures. post my child's
immeasurable	and without volun	teers, minor hoc	e contribution of hockey key would not exist. We volunteer positions avail	e encourage all our
Note: a Cri	to be a volunteer minal Record Ched	you must take ti	g. Please check your inte he Respect in Sport on la Minor Hockey Office re	ine course and complete
items	Coach (there is a Assistant Coach Hockey Canada Team Parent – s On or Off Ice Pa Handbook) (Thi	(there is a certif Safety Person — ee duties in WLI rent Helper (the s includes time k	quirement – WLMHA Porcetion requirement – W Must take HCSP Course MHA Handbook re is a certification requi seepers, penalty box and WLMHA Handbook	LMHA Policy 7.8) rement see WLMHA
Player question	ons: Please check y	our interests		
□ Are y □ Are y □ Are y □ Are y	ou interested in be se offered at the be	ing out for a Fer lying on a Femal ing a Goalie? (Doing a Ref? You r	nale Rep Team? te House Team? toes not guarantee full time must be 12 years of age a	- 1
Cash/cheque	Amount	Date	Cash/cheque total	Name on Cheque

Cash/cheque	Amount	Date	Cash/cheque total	Name on Cheque