

PLAYER APPLICATION TO REGISTER FORM

Name and member's address : _____

Date: _____
 Card # _____
 Year _____
 Association number _____
 Date of Birth: (YY/MM/DD) _____
 Health Insurance no: _____
 Age: _____
 Category: _____
 (Initiation, Promovee, Novice, Atom, Peewee, Bantam, Midget, Junior)
 Gender: Male _____ Female _____
 Language: _____

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, contract 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 applicant 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, lease 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 prize draws 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:	Payments:	Date	Type	Receipt
Rate of this activity: _____				
Total: _____				