

JOSEPHBURG

-, , AB

Hockey ID



Info:

PLAYER APPLICATION TO REGISTER FORM

<p>Name and member's address: _____</p> <p>Home phone: _____</p>	<p>Date: _____</p> <p>Year: _____</p> <p>Division: _____ (Initiation, Pre-Novice, Novice, Atom, Pee Wee, Bantam, Midget, Junior)</p> <p>Membership #: _____</p> <p>Date of Birth (mm-dd-yyyy): _____</p> <p>Community League: _____</p> <p>Community League #: _____</p> <p>Health Insurance no: _____</p> <p>Birth Cert # _____</p>
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Player Information			
Playing position: _____	Shoots: <u>Left</u> _____ <u>Right</u> _____	Gender: <u>Male</u> _____ <u>Female</u> _____	
Last year's team: _____	Height: _____	Weight: _____	Language: _____
Father's name: _____		Mother's name: _____	
Address: _____		Address: _____	
City: _____		City: _____	
Postal code: _____	Home ph: _____	Postal code: _____	Home ph: _____
Work ph: _____	Cell ph: _____	Work ph: _____	Cell ph: _____
E-mail: _____		E-mail: _____	

Person to contact in case of accident or emergency, if parent not available:	
Name: _____	Phone: _____

CONDITIONS

By signing this document I agree to abide by the rules and regulations, and decisions and all duly approved amendments thereto of Hockey Canada, it's Board of Directors, its Branches and /or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. 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. All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received. Registration is undertaken with the understanding that additional team fees and/or fundraising may be required depending on the level of play.

Guardian's Name (print): _____	Player's Name (print): _____ <i>(only if over 18 yrs old)</i>
Guardian's signature: _____	Player's signature: _____
Date: _____	Date: _____

For Office Use Only

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NEW PLAYERS: (Copy of)	Parent Decl.	D/L	Utility Bill
Birth Certificate	Alberta Health Care		
Volunteer Form	Other		

Fee Description	Amount	Date	Method – Cash Cheque Money Order Credit Card or Bingo Credit
Total:	0		