

**2018-2019 PLAYER REGISTRATION CERTIFICATE - HOCKEY CANADA**

MALE  FEMALE  GOALIE

IMPORT  TRYOUT  AFFILIATE

SURNAME	GIVEN NAME	Year	Mth	Day
RESIDENTIAL ADDRESS				
CITY		PROVINCE	POSTAL CODE:	
		Ontario		
TELEPHONE NO.:		HOSPITALIZATION NO.		
E-MAIL				
Is eligible to play for the _____ (Hockey Team name in full including Association name.)				
Resident at the above address since _____		CITIZENSHIP: CANADA <input type="checkbox"/> OTHER <input type="checkbox"/>		
<b>HOCKEY CANADA BRANCH REGISTRAR</b>				
I last registered with the following Team(s) _____ Please X if never registered before <input type="checkbox"/>				
<b>YEAR:</b>	<b>TEAM:</b>	<b>In The _____ Branch/Province</b>		
_____	_____	_____		
<b>YEAR:</b>	<b>TEAM:</b>	<b>In The _____ Branch/Province</b>		
_____	_____	_____		
<b>I have read and agree to the terms on the back of this form with respect to use of personal information.</b>				
Date Signed _____	Player's Signature _____			
<small>This card is issued at the discretion of the Branch Executive, and is revocable without notice.</small>				
<input type="checkbox"/>	<input type="checkbox"/>	CARD # _____		

**PLAYER'S RELEASE**

I, \_\_\_\_\_, \_\_\_\_\_ Hockey Team  
 Th \_\_\_\_\_ herewith grants  
 unconditional \_\_\_\_\_

whose signature appears on the reverse of this card

President
Signature

Secretary
Signature

Dated \_\_\_\_\_  
 I, the player who signed the other side of this form certify the information provided 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 Branchs 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 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 purpose 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 \_\_\_\_\_  
 For more information on Hockey Canada's Privacy Policy please visit our web site at [www.hockeycanada.ca](http://www.hockeycanada.ca) or call (613) 562-5677

Parent or guardian must sign here for all players under the age of majority.  
 FELT PEN PREFERRED FOR SIGNING HERE \_\_\_\_\_