



EDMONTON MINOR HOCKEY ASSOCIATION
PLAYER APPLICATION TO REGISTER



Date: _____

Name: _____ Player Card # _____ Card Year _____

Address: _____ City: _____ Postal Code _____

Date of Birth: (YY/MM/DD) _____ Age: _____ Health Insurance no: _____

Home ph: _____ Work ph: _____ Cell ph: _____ Fax ph: _____

E-Mail address: _____ Last year team(s): _____

Association (EMHA) No. _____ Gender: Male Female

Category (circle one): Initiation Novice Atom Pee wee Bantam Midget Junior

Playing Position (circle one): Center Wing Forward Defence Goal Shoots: Left Right Height: _____ Weight: _____

Father's name: _____ Mother's name: _____
(Complete Address info below only if different from above)

Address: _____ Address: _____

City _____ Postal Code: _____ City: _____ Postal code: _____

Home ph: _____ Work _____ Fax _____ Home ph: _____ Work _____ Fax _____

Email address: _____ Email address: _____

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

Name: _____ Phone: home _____ work _____ other _____

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, 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. 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, Hockey Alberta and Hockey Edmonton do 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. If you have concerns or questions, please call (780) 413-3498 during business hours.

[X] I agree with the privacy policy [] I do not agree with the privacy policy

Parents signature : _____ Players signature : _____

Name in block letters: _____ Name in block letters: _____

OFFICIAL RECEIPT FOR REGISTRATION PURPOSES

Date: _____ Player Name: _____ Receipt no. _____

Total Fee:\$ _____ Payments: Date Type Receipt

Amt. Paid: _____