



PIERREFONDS MINOR HOCKEY ASSOCIATION

14700 PIERREFONDS BLVD, PIERREFONDS, QUEBEC H9H 4Y6 Phone: (514) 620-6440



NEW PLAYER REGISTRATION FORM

Player Name and Address:

Season: 2020 - 2021

Date of birth: _____
Y Y Y Y / M M M / D D

Medicare number: _____

Age: _____

Category: _____
(M7-Mites, M7-Pre- Novice, M9-Novice, M11-Atom, M13-Pee wee, M15-Bantam, M18-Midget, Junior)

Preferred position _____ Shoots: Left Right
(Center, Wing, Forward, Defense, Goalie)

Gender: Male Female

Language: English French

Home: () _____ Work: () _____ Cellular: () _____

E-mail address _____

Father's name: _____	Mother's name: _____
(Complete below only if different from above)	
Address: _____	Address: _____
City: _____ Postal code: _____	City: _____ Postal code: _____
Cell: _____ Work: _____	Cell: _____ Work: _____
E-mail: _____	E-mail: _____

Person to contact in case of accident or emergency, if parent/guardian is unavailable:	
Name: _____	Telephone: () _____

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 the 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, 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 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 discretion, should you choose to allow this type of usage please check the box here.

Parent / Guardian's signature: _____ Member's signature: _____

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

FOR OFFICE USE

Category:	
<input type="checkbox"/> M7 (Mites)	<input type="checkbox"/> M13 (Pee wee)
<input type="checkbox"/> M7 (Pre-Novice)	<input type="checkbox"/> M15 (Bantam)
<input type="checkbox"/> M9 (Novice)	<input type="checkbox"/> M18 (Midget)
<input type="checkbox"/> M11 (Atom)	<input type="checkbox"/> Junior

Name of Payer:

Fees: See price list