HOCKEY WEST-ISLAND INC.

58 MAYWOOD AVE, POINTE-CLAIRE, QC. H9R 0A7

MEMBER 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: _____

(Prenovice, Novice, Atom, Peewee, Bantam, Midget, Junior)

Playing position: _____ **Shoots: Left** ___ **Right** ___   **Gender: Male:** ___   **Female:** ___

(Center, wing, forward, defense, goalie)   **Language:** _____

Home ph: _____   **Work ph:** _____ ___   **Fax:** _____   **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 certificateto me with the privileges incident thereto, and by signing the 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 personnal 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 additionnal 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's signature : _____   **Member's signature :** _____

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