2019-2020 REGISTRATION FORM

PLATTSVILLE & DISTRICT Minor Hockey Assoc.
PO Box 447
Plattsville ON   N0J 1S0

Website: plattsvilleminorhockey.ca

Birth (dd-mm-yyyy): _____

Player Name: _____

Gender: _____

Position: □ Forward/Defense □ Goalie

	PLAYER	MOTHER / GUARDIAN	FATHER / GUARDIAN
NAME			
ADDRESS 1		□ *Check, if same as Player*	□ *Check, if same as Player*
ADDRESS 2			
CITY			
POSTAL CODE			
HOME #			
CELL #			
WORK #			
email			
Able to Volunteer as Coach, Assistant, Trainer, Manager, or for Tournaments or Committee Work?			

OPTIONAL EMERGENCY CONTACT NAME (NOT A PARENT)	HOME #	CELL #	WORK #

□ Returning Player   □ Transfer/Residential Move   □ New Player (submit a copy of the player's birth certificate)

Will the player be trying out for a Representative Level hockey team?   □ Yes   □ No

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 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

Plattsville & District Minor Hockey Association does not sell, trade or otherwise share the information we collect outside our Association; 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 PDMHA is entirely at your discretion, should you choose to allow this type of usage please check the box here □

DATE	Parent/Guardian to PRINT Name	Parent/Guardian Signature

OFFICE USE ONLY

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FEE DESCRIPTION	AMOUNT	DATE PAID	TYPE (Cheque, etc.)	AMOUNT