

ADDITIONS/DELETIONS FORM



2009

2010

- The information below is collected for all registered participants and is required by Hockey Manitoba (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. **Signature below indicates understanding and agreement with the respect to the aforementioned use of personal information.**
- Hockey Manitoba does not share the information we collect outside our Branch and Associations, however we may from time to time use this information for the purposes of offering additional services, including promotions offered by third parties. This type of usage of your personal information by Hockey Manitoba and/or its associations is entirely at your discretion. **Please indicate your preference by circling Yes or No next to your signature.**

Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.mb.ca

SIGNATURE ONLY REQUIRED IF NOT PREVIOUSLY REGISTERED THIS SEASON

Team Name _____

Division (Midget, Bantam Female, etc.) _____

Category (AA, A, B, C, D) _____

ADDITIONS FOR PLAYERS

Circle Goalie Number Below

1.	2.	3.	4.	5.	M/F	D.O.B. M/D/Y	MAILING ADDRESS / CITY <small>(Include Section/Township/Range/Quarter if applicable)</small>	POSTAL CODE	PHONE NUMBER	LAST TEAM REGISTERED	1. Parent's/Guardian's SIGNATURE		2. Yes/No	
													Y	N

ADDITIONS FOR TEAM OFFICIALS

Levels: IP = Initiation, C = Coach, D = Development 1, HP = High Performance, RIS/SO= Respect in Sport or Speak Out, S = Safety

1.	2.	3.	4.	M/F	D.O.B. M/D/Y	MAILING ADDRESS / CITY <small>(Include Section/Township/Range/Quarter if applicable)</small>	POSTAL CODE	PHONE NO. <small>(Residence)</small>	PHONE NO. <small>(Business)</small>	CIRCLE CERTIFICATION LEVELS ATTAINED						1. TEAM OFFICIAL'S SIGNATURE	2. Yes/No	
										IP	C	D	HP	RIS/SO	S		Y	N
Coach (Head/Asst) Mgr										IP	C	D	HP	RIS/SO	S			
Coach (Head/Asst) Mgr										IP	C	D	HP	RIS/SO	S			
Safety										IP	C	D	HP	RIS/SO	S			
Athletic Therapist/Trainer										IP	C	D	HP	RIS/SO	S			

DELETIONS

1.	SURNAME <small>(please print)</small>	GIVEN NAME <small>(please print)</small>	M/F	D.O.B. M/D/Y
1.	Team Official			
2.	Team Official			
3.	Safety			
4.	Athletic Therapist/Trainer			

ASSOCIATION APPROVAL _____

DATE APPROVED _____

HOCKEY MANITOBA APPROVAL _____

DATE APPROVED _____

PLEASE SUBMIT YOUR COMPLETED FORM TO THE APPROPRIATE ZONE REGISTRAR FOR APPROVAL