

Team Name \_\_\_\_\_

Team E-mail \_\_\_\_\_

Division (Midget, Bantam Female, etc.) \_\_\_\_\_

Category (AA, A, B, C, D etc.) \_\_\_\_\_

**Note:** Bantam & Higher Categories, Circle Goalie Number Below

# OFFICIAL ROSTER

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](http://www.hockeymanitoba.mb.ca)

	<b>SURNAME</b> <i>(please print)</i>	<b>GIVEN NAME</b> <i>(please print)</i>	<b>M/F</b>	<b>D.O.B.</b> <i>M/D/Y</i>	<b>MAILING ADDRESS / CITY</b> <i>(Include Section/Township/Range/Quarter if applicable)</i>	<b>POSTAL CODE</b>	<b>PHONE NUMBER</b>	<b>LAST TEAM REGISTERED</b>	<b>1. PARENT'S / GUARDIAN'S SIGNATURE</b>	<b>2. Yes/No</b>
1.										Y N
2.										Y N
3.										Y N
4.										Y N
5.										Y N
6.										Y N
7.										Y N
8.										Y N
9.										Y N
10.										Y N
11.										Y N
12.										Y N
13.										Y N
14.										Y N
15.										Y N
16.										Y N
17.										Y N
18.										Y N
19.										Y N

**Please circle Primary Contact**

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

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

**SAFETY** – Please complete this area even if also listed as a Coach or Manager

6.	Safety								IP C D HP RIS/SO S		Y N
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**HOCKEY MANITOBA APPROVAL** \_\_\_\_\_ **DATE APPROVED** \_\_\_\_\_ **ASSOCIATION APPROVAL** \_\_\_\_\_ **DATE APPROVED** \_\_\_\_\_

**PLEASE SUBMIT YOUR COMPLETED ROSTER TO THE APPROPRIATE ZONE REGISTRAR FOR APPROVAL**

(TEAM OFFICIALS' SIGNATURES INDICATE THAT EACH ARE AWARE OF THE HOCKEY MANITOBA COACHING CERTIFICATION REQUIREMENTS)