



Officials Registration Certificate

2011-2012

Male

Female

Surname	Given Name	Date of Birth: Year	Month	Day
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Address	City	Province	Postal Code
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Telephone No.	Hockey Team Name
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E-Mail: _____

MANAGER <input type="checkbox"/> COACH <input type="checkbox"/> ASS'T COACH <input type="checkbox"/> SAFETY PERSON <input type="checkbox"/> TRAINER <input type="checkbox"/> OTHER <input type="checkbox"/>	Indicate National Coaching Certification Program Attained: INITIATION <input type="checkbox"/> COACH <input type="checkbox"/> INTERMEDIATE/DEVELOPMENT <input type="checkbox"/> HIGH PERFORMANCE <input type="checkbox"/> SPEAK OUT/RESPECT IN SPORT <input type="checkbox"/> SAFETY <input type="checkbox"/>
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Resident at the above address since: _____/_____/_____ Day Month Year	Citizenship Canada <input type="checkbox"/> Other <input type="checkbox"/>
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I last registered with the following Team(s)

YEAR: _____ TEAM: _____ In the _____ Branch/Province

YEAR: _____ TEAM: _____ In the _____ Branch/Province

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.

The information above is collected for all registered participants and is required by Hockey Manitoba (it's employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. 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.ca.

Date Signed _____, _____ Your Signature _____

Date Signed _____, _____ Branch Approval _____

This card is issued at the discretion of the Branch Executive, and is revocable without notice