



2016-2017 Player Registration Certificate

Junior Senior

Goaltender Import

Surname		Given Name		Date of Birth: Year		Month	Day
Address		City		Province		Postal Code	
Telephone No.				Hospitalization No.			
E-Mail:							
Is eligible to play for the _____							
Resident at the above address since: _____/_____/_____ Day Month Year				Citizenship Canada <input type="checkbox"/> Other <input type="checkbox"/>			
I last registered with the following Team(s)							
YEAR: _____ TEAM: _____ In the _____ Branch/Province							
YEAR: _____ TEAM: _____ In the _____ Branch/Province							
<p>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.</p> <p>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.</p>							
Date Signed _____, _____				Player's Signature _____			
Date Signed _____, _____				Branch Approval _____			
This card is issued at the discretion of the Branch Executive, and is revocable without notice							