

2019-2020 Team Officials Registration Certificate

Surname	Given Name		Date of Birth: Year	Month	Day
Address	City	Provi	nce I	Postal Code	
Telephone No.		Hockey Team Name			
E-Mail:					
Indicate National Coaching Certification Program Attained:					
MANAGER COACH					
		COACH - INTRO COACH			
COACH	<u> </u>		/EL		
ASS'T COACH		DEVELOPMENT 1			
SAFETY PERSON		DEVELOTIVIEW 1	Ш		
TRAINER		HIGH PERFORMANCI			
		RESPECT IN SPORT			
OTHER:		SAFETY			
Resident at the above address since: Citizenship: / / Canada Other					
Day Month Year					
I last registered with the following Team(s)					
YFAR:	TFAM:		In the	Bra	anch/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 <u>www.hockeymanitoba.ca</u> .					
Date Signed		Yo	our Signature		
Date Signed	<i>_</i>	Bra	nch Approval		
This card is issued at the discretion of the Branch Executive, and is revocable without notice					