



Knights of Columbus
 13160 – 137 Avenue NW, Edmonton, Alberta T5L 4Z6
 Ph: 780-457-4527 Fax: 780-457-4528
 Info: kchockey@telusplanet.net



PLAYER APPLICATION TO REGISTER FORM

Name and member's address:

Home Phone: _____

Date: _____

Year: 2012 - 2013

Division: _____

(Initiation, Novice, Atom, Peewee, Bantam, Midget)

DOB (yyyy/mm/dd): _____

Gender: M F

Health Insurance #: _____

Birth Certificate #: _____

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____ Home ph: _____	Postal Code: _____ Home ph: _____
Work Ph: _____ Cell ph: _____	Work ph: _____ Cell ph: _____
Email: _____	Email: _____

Person to contact in case of accident or emergency, if parent not available:

Name: _____ **Phone:** _____

CONDITIONS

By signing this document I agree to abide by the rules and regulations, and decisions and all duly approved amendments thereto of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. Further, the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times. All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received. Registration is undertaken with the understanding that additional team fees and/or fundraising may be required depending on the level of play.

Guardian's Name (print): _____	Player's Name (print): _____
	(only if over 18 years old)
Guardian's Signature: _____	Player's Signature: _____
Date: _____	Date: _____

-----FOR OFFICE USE ONLY-----

NEW PLAYERS: (COPY OF)	Parent Decl.	D/L	Utility Bill
Birth Certificate:		Health care:	
Volunteer Form		Other	