KNIGHTS OF COLUMBUS
13160 - 137 AVENUE NW , Edmonton, AB T5L 4Z6
Info: kchockey@telusplanet.net or registrar@kchockey.ca

PLAYER APPLICATION TO REGISTER FORM

Name and member's address:

Home phone: _____

Hockey ID _____

Date: _____

Year: 2011 - 2012

Division: _____
(Timbits, Novice, Atom, Peewee, Bantam or Midget)

Date of Birth (yyyy-mm-dd): _____

Community League: _____

Community League #: _____

Health Insurance no: _____

Birth Cert # _____

Player Information

Playing position: _____ ***Shoots:*** ***Left*** _____ ***Right*** _____ ***Gender:*** ***Male:*** _____ ***Female*** _____

Last year's team: _____ ***Height:*** _____ ***Weight:*** _____ ***Language:*** _____

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:***
E-mail:		***E-mail:***	

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, 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. 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 yrs old)***
Guardian's signature: _____	***Player's signature:*** _____
Date: _____	***Date:*** _____

For Office Use Only

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NEW PLAYERS: (Copy of)	Parent Decl.	D/L	Utility Bill
Birth Certificate	Health Care:		
Volunteer Form	Other		

Fee Description	***Amount***	***Date***	***Method – Cash Cheque Money Order Credit Card or Bingo Credit***
Total:	0		