

HAWKS ATHLETIC CLUB

Mailing Address: 12808 - 134"A" Avenue, Edmonton, AB T5L 3W6
 Attention: Lorraine Toth (Email: lorthtoth@hotmail.com)
 Office & Cell Phone: (780) 721-1477
 Hawks Website: www.hawksathletics.ca

PLAYER APPLICATION TO REGISTER FORM

Player's Name: _____ Address: _____ _____ Postal Code: _____ Home Phone: _____	Date: _____ Year: <u>2017 - 2018</u> Division: _____ (Discovery, Timbits Jr., Timbits Sr., Novice, Atom, Peewee) Date of Birth (yyyy-mm-dd): _____ Health Insurance # : _____ Birth Certificate #: _____ (Birth Certificate # should begin with the year of birth: Example: 2004 - XX - XXXXXX)
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Player Information	
Playing Position: _____ Last year's team: _____	Shoots: Left _____ Right _____ Gender: Male _____ Female _____ Height: _____ Weight: _____ Language: _____
Father's Name: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ *E-Mail: _____	Mother's Name: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ *E-Mail: _____
*Your E-Mail address is Mandatory for contact purposes. Please PRINT CLEARLY.	
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.	
Parent's Name (print): _____ Parent's Signature: _____ Date: _____	Player's Name (print): _____ (only if over 18 yrs old) Player's signature: _____ Date: _____

For Office Use Only			
NEW PLAYERS: (Copy of)	Parent Declaration Form <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	RESPECT IN SPORT PARENT COURSE YES NO
Birth Certificate <input type="checkbox"/>	Alberta Health Care <input type="checkbox"/>		CERTIFICATE NUMBER:

Fee Description	Amount	Date	Method of Payment

PAGE TWO - PAYMENT INFORMATION
HAWKS ATHLETIC CLUB 2017 / 2018 PLAYER REGISTRATION APPLICATION

**ALL NEW PLAYERS MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS
FOR THE HAWKS OFFICE TO RETAIN ON FILE:**

Birth Certificate (or Passport)
Alberta Health Care Card

Proof of Residency (a current utility bill is required)

As well, the Parent Declaration Form must be completed and accompany your registration form.

CALCULATION OF FEES

- | | | | |
|---|----------|----------------------------------|----------|
| <input type="checkbox"/> Discovery Program: | \$ 99.00 | <input type="checkbox"/> Novice: | \$595.00 |
| <input type="checkbox"/> Junior Timbits: | \$165.00 | <input type="checkbox"/> Atom: | \$685.00 |
| <input type="checkbox"/> Senior Timbits: | \$250.00 | <input type="checkbox"/> Peewee: | \$730.00 |

→Enter fees: ①\$ _____

* After July 31st, 2017 add \$100.00 late fee for Novice, Atom & Peewee ②\$ _____

* If you don't want to work the mandatory bingo, add \$100.00 ③\$ _____

FEES SUB-TOTAL (add ①+②+③+) → ④\$ _____

* If applicable, enter credit for previously worked bingo or casino (must attach credit slip) ⑤\$ _____

BALANCE DUE (④minus ⑤) \$ _____

*****Please Note that LATE FEES do not apply to NEW PLAYERS,
the DISCOVERY PROGRAM, JR. TIMBITS or SR. TIMBITS**

Fees paid by: **Cheque** (payable to "Hawks Athletic Club") See mailing instructions below.
 Credit Card (complete section below)

Credit Card

Please charge my credit card the amount of \$ _____ for hockey registration for the 2017/2018 season.

- Visa MasterCard

Card Number: _____ ** 3 digit Security Code: _____ ** Expiry Date: _____

****Our bank machine cannot process your chip card unless we have the security code****

Name on Card: _____ Signature: _____

Please note the credit card number will not be retained in full by the Hawks Athletic Club after the charge is made.

Have you included your bingo deposit cheque (undated) in the amount of \$200.00?

IF REGISTERING BY MAIL:

**Hawks Athletic Club
Attn: Lorraine Toth
12808 - 134'A' Avenue, Edmonton, AB T5L 3W6**

IF REGISTERING BY E-MAIL:

Scan and e-mail to: lorttoth@hotmail.com