

MAPLE LEAF ATHLETIC CLUB 2018-2019 PLAYER APPLICATION FOR TRYOUTS

PLAYER'S Name: _____	
Address: _____	
Postal Code: _____	Home Phone: _____

Date of Birth: (YY/MM/DD) _____

Health Ins # _____

NOTE: Must provide copy of Birth Certificate if never played for MLAC before

Player Information			
Tryout Position: _____	Shoots: R ___ L ___	Height: _____	Weight: _____
17/18 Team Association Name: _____			

Father Information			
Name: _____		City: _____	
Address: _____		P.C. _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
E-mail: _____			

Mother Information			
Name: _____		City: _____	
Address: _____		P.C. _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
E-mail: _____			

Emergency Contact Information - If neither parent is available, please contact the following	
Name: _____	Phone (Home): _____
Phone (Cell) if applicable: _____	

Method of Payment	
Cash: _____	Credit Card: Mastercard, VISA
	Type: _____
	Card Holder Name: _____
	Card Number: _____
	Expiry Date: _____

READ & CHECK BOX - DISCLAIMER

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 the certificate I have become subject to the rules, regulations, and decisions 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. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches, and/or divisions. 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. Edmonton Minor Hockey Association does not sell, trade or otherwise share the information we collect outside our Branches and Associations. However we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or

Associations is entirely at your discretion, should you choose to allow this type of usage, please check the box here:

Parent Name (print)

Parent Signature

Date