

MAPLE LEAF ATHLETIC CLUB 2018 Summer Camp

Please indicate name of camp _____

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

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

Health Ins # _____

NOTE: All Sections of this form must be completed for registration purposes

<i>Player Information</i>			
Position:	Shoots: R ___ L ___	Height:	Weight:
17/18 Team Association Name:			

<i>Father Information</i>		
Name:	City:	
Address:	P.C.	
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

<i>Mother Information</i>		
Name:	City:	
Address:	P.C.	
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

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

<i>Method of Payment</i>	
Cash:	Credit Card:
	Type: Mastercard, VISA
	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 _____

