

ST.ALBERT MINOR HOCKEY ASSOCIATION/ RAIDERS HOCKEY CLUB PERSONAL INFORMATION PROTECTION ACT NOTICE AND CONSENT



PLAYER (print name)	BIRTH DATE
	inform you of the use to which player information, pictures, ame information and game statistics will be made and to obtain
	naintained so as to properly coordinate and rs Hockey Club program and is also provided to Hockey he player's team plays in, for registration, recording statistical
be used in team or league newsletters, annua	, images, game and other videography, and comments may also al reports, St. Albert Minor Hockey Association/Raiders Hockey ications and correspondence and for web sites, radio, ations.
	and displayed in the local newspaper and in local arenas and ociation and in yearbooks and other reports and advertisements ciation/Raiders Hockey Club.
	phone, e-mail and other information may be or St. Albert Minor Hockey Association/Raiders Hockey Club rposes, communication to junior leagues, and transportation
	ed on lists for the purposes of team placement and for tracking bert Minor Hockey Association/Raiders Hockey Club, and lisplayed on their websites.
6. This Consent shall remain in force for a Hockey Association and need only be sign	as long as the Player is a member of St. Albert Minor aed once.
I hereby consent to the above:	
Signature of Parent/Guardian	Date

Parent/Guardian (print name)