



# St. Charles Hockey Club Knights of Columbus

Mailing Address: 13160 – 137 Avenue NW, Edmonton, Alberta T5L 4Z6  
 Ph: 780-437-4133 Email: registrar@stcharleshockey.com  
 Website: www.stcharleshockey.com

## PLAYER APPLICATION TO REGISTER FORM

Player's Name: _____	Date: _____
Address: _____ _____	Year: <u>2015-2016</u>
Postal Code: _____	Division: _____ (Initiation, Novice, Atom, Peewee)
Home Phone: _____	Date of Birth: _____ yyyy-mm-dd
	Alberta Health #: _____ Birth Certificate #: _____

Father's Name: _____	Mother's Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

<b>Emergency Contact Person</b>	
Name: _____	Phone: _____

<b>CONDITIONS</b>	
<p>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.</p>	
Guardian's Name (Print): _____	Player's Name (Print): _____
Guardian's Signature: _____	Player's Signature: _____ (only if over 18 years old)
Date: _____	Date: _____

-----FOR OFFICE USE ONLY-----	
Parent Declaration: _____	Utility Bill: _____
Birth Certificate: _____	Health Care #: _____
Volunteer: _____	Other: _____