2025-26 REGISTRATION FORM

capials			Registrant Name:								
		ı (yy									
Previous Associat	Gender:										
REGISTRANT CONTACT INFO			MOTHER / GUARDIAN					FATHER / GUARDIAN			
NAME											
ADDRESS 1											
ADDRESS 2											
CITY											
POSTAL CODE											
YEAR MOVED IN											
CELL #											
WORK #											
email											
	r as Coach, Assistant, Ti irnaments or Committe										
OPTIONAL EMERGENCY CONTACT NA (NOT A PARENT)			AME	AME HON			CELL #		WORK #		
I PREVIOUS TEAM I		CURRENT DIVISION	POSIT Player, Fo	orward		INDIGENO Yes/No		ETHNICITY		FEMALE PROGRAM Yes / No	
				,		Yes	/ <u>No</u>			165 / 116	
I, the undersigned certify the above information to be true and in consideration of the grar thereto, and by signing this certificate I have become subject to the rules, regulations and of Branches and/or divisions which may be restrictive in some areas such as movement from rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and information with the utmost respect and in accordance with the Hockey Canada Privacy Potherwise share the information we collect outside our Branches and Associations however purposes of offering additional services, promotions, including promotions offered by thir usage of your personal information by Hockey Canada, its Branches and/or associations is this type of usage please check the box here. Membership commences August 1.							ns of Hock to team, corisions. Fu y Canada. all times. ny from tir s, and/or y at your c	ey Canada, its induct etc. and rther, the infor Hockey Canad Hockey Canadane to time use thockey specific iscretion, shou	Board I agree mation a will does his interesea ld you	of Directors, its e to abide by such n requested above treat this personal not sell, trade, or formation for the rch. This type of choose to allow	
DATE Parent/Guardian to P (Registrant may print name						Parent/Guardian Signature (Registrant may print name if age 19 or older)					
(105 Strain may print maine			on ago 19 of	if age 19 of older)			(-100 colors) print name it age 17 or order)				
FEE DESCRIPTION			AMOUN	Γ							
Administration - New Players & Transfers			\$20								
U6-U9 - Due Aug 1 2025			\$550								
U11 - Due Aug 1 2025			\$750								
U 13 - U21 - Due Aug 1 2025			\$770								
Comp Tryout Fee & Commitment Fee - Due June 1			\$150 & \$20	00							
Second Competitive Fee - Due Nov 1 2025			TBD								