HAWKS ATHLETIC CLUB

Mailing Address: 12808 - 134"A" Avenue, Edmonton, AB T5L 3W6

Attention: Lorraine Toth

Email: registrar@hawksathletics.ca / Office & Cell Phone: (780) 721-1477

Hawks Website:: www.hawksathletics.ca

PLAYER APPLICATION TO REGISTER FORM

Player's Name:			Date:						
riayer 3 Name.			Year:	2019 - 2020					
Address:									
Address.									
			D ((D: # (
Postal Code:			Date of Birth (y	yyy-mm-dd):					
Postal Code:			Health Insurance	ce # ·					
Primary Phone:									
Primary Email:			Birth Certificate # : (Birth Certificate number should begin with the year of birth: Example:2004-XX-XXXXXX)						
Player Information									
			Condon Ma	ala Famala					
Playing Position:			Genaer. Ivia	ale Female					
Last year's team:									
Father's Name:			Mother's Name:						
Address:			Address:						
City:Postal Code:			City:Postal Code:						
Home Phone:			Home Phone:						
Cell I Hone.		Cen i no							
*Your E-Mail address is MAN				s. Please PRINT CLEARLY.					
NON-PARENT Emergency Contact :									
Name:	· • · · · · · · · · · · · · · · · · · ·		Phone:						
By signing this document I agree to abide by the rules and reg which may be restrictive in some areas such as movement fron of the registrant and Hockey Canada. Hockey Canada will tre	ulations, and decisions and all on team to team, conduct, etc. Fur at this personal information with e approved until all fees are paid	ONDITIOI duly approve rther, the info	NS d amendments thereto rmation requested abo espect and in accorda	o of Hockey Canada, its Board of Directors, its Branches and/or divisions love is required by Hockey Canada to facilitate hockey programs on behalf ance with the Hockey Canada Privacy Policy at all times. All registrations sceived. Registration is undertaken with the understanding that additional					
Parent's Name (print):		Play	er's Name (print	t):					
Parent's Signature:	· /								
Tarents dignature.		_ Date	•						
	For O	Office Use	Only						
NEW PLAYERS: (Copy of) Parent Declaration Form Utility Bill RESPECT IN SPORT PARENT COURSE YES NO									
Birth Certificate ☐ Alberta Health Care Card ☐ CERTIFICATE NUMBER:									
Fee Description	Amount		Date	Method of Payment					
		1							

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PAYMENT INFORMATION

As a condition of REGISTRATION, all <u>new players</u> must provide copies of the following documents for the Hawks Office to retain on file:

☐ Parent Declaration Form (found on the Hawks website at www.hawksathletics.ca)

□ Birth Certificate (or Passport)□ Alberta Health Care Card

□ Proof of Re	sidency (a curren	it utility bill is required -	· a driver's licence	will not be ac				
CALCULATION OF FEES								
☐ Discovery☐ Junior Timbits:☐ Senior Timbits:☐		□ Novice Minor: □ Novice Major:	•	☐ Atom☐ Peew	n: \$715.00 vee: \$765.00			
			→E!	nter fees: (D \$			
<u>After July 31st, 2019</u> -Novice, Atom, Peewee - add \$100.00								
If you want to "opt out" of t	the mandatory b	oingo - add \$200.00			3 \$			
FEES SUB-TOTAL (add 0+0+0) →								
BALANCE DUE \$ PLEASE TAKE NOTE: There are no late fees for Discovery, Junior Timbits and Senior Timbits. Additionally, there are no late fees for NEW players, players that are TRANSFERRING IN from another Club, or players that are TRYING OUT at Canadian Athletic Club (CAC) for								
Peewee AA. (Players' Hockey C								
Fees paid by: ☐ Cheque (payable to "Hawks Athletic Club") See mailing instructions below. ☐ Credit Card (complete section below)								
Credit Card Information - Visa or MasterCard ONLY.								
Please charge my credit card th	ne amount of \$	for hockey re	egistration fees for	r the 2019-207	20 season.			
Card Number:		3	digit Security Cod	.e: Exp	piry Date:			
Name on Card:	me on Card: Signa ture:							
Please note that your credit card numb cheques and you have authorized your number until your bingo commitment h	credit card number to		,		•			

Have you included or mailed your bingo deposit cheque (undated) in the amount of \$300.00?

IF REGISTERING BY MAIL
Mail to:
HAWKS ATHLETIC CLUB
12808 - 134'A' Avenue, Edmonton, AB T5L 3W6
Attention: Lorraine Toth

IF REGISTERING BY E-MAIL Scan and email to: registrar@hawksathletics.ca