

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: _____ Address: _____ _____ Postal Code: _____ Primary Phone: _____ Primary Email: _____	Date: _____ Year: 2020-2021 Season Division: _____ U7-Discovery; U7-Jr Timbits; U7- Sr Timbits; U9 (Novice); U11 (Atom); U13 (Peewee) Date of Birth (yyyy-mm-dd): _____ Health Insurance # : _____ Birth Certificate # : _____ (BC number should begin with the year of birth: Example:2010-XX-XXXXXX)
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Player Information	
Playing Position: _____ Last Year's Team: _____ Gender: Male _____ Female _____	
Father's Name: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ *E-Mail: _____	Mother's Name: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ *E-Mail: _____
*Your E-Mail address is MANDATORY for contact purposes. Please PRINT CLEARLY.	
NON-PARENT Emergency Contact :	
Name: _____ Phone: _____	
CONDITIONS	
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.	
Parent's Name (print): _____	Player's Name (print): _____
Parent's Signature: _____	Date: _____

For Office Use Only	
NEW PLAYERS: (Copy of) Parent Declaration Form <input type="checkbox"/> Utility Bill <input type="checkbox"/>	RESPECT IN SPORT PARENT COURSE YES NO
Birth Certificate <input type="checkbox"/> Alberta Health Care Card <input type="checkbox"/>	CERTIFICATE NUMBER:

Fee Description	Amount	Date	Method of Payment