

MAPLE LEAF ATHLETIC CLUB

Checking Camp

PLAYER'S	
Name: _____	
Address: _____	
Postal Code: _____	Home Phone: _____

Date of Birth: (YY/MM/DD) _____

AB Health Care #: _____

NOTE: All Sections of this form must be completed for registration purposes

Player Information

<i>Father Information</i>			
Name: _____		City: _____	
Address: _____		P.C. _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
E-mail: _____			

<i>Mother Information</i>			
Name: _____		City: _____	
Address: _____		P.C. _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
E-mail: _____			

<i>Emergency Contact Information - If neither parent is available, please contact the following</i>	
Name: _____	Phone (Home): _____
Phone (Cell) if applicable: _____	

<i>Method of Payment:</i>		
COST: \$220	Credit Card: Mastercard, VISA	
	Type: _____	
	Card Holder Name: _____	
	Card Number: _____	
	Expiry Date: _____	

READ & CHECK BOX - DISCLAIMER

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing the certificate I have become subject to the rules, regulations, and decisions 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. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches, and/or divisions. 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.

Edmonton Minor Hockey Association does not sell, trade or otherwise share the information we collect outside our Branches and Associations. However, we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or

Associations is entirely at your discretion, should you choose to allow this type of usage, please check the box here:

Parent Name (print) _____

Parent Signature _____

Date _____