

**MAPLE LEAF ATHLETIC CLUB
Elite Tryout Application**



NOTE: Parents must have a valid Respect in Sport before registering for tryouts

Age Group:

Player		Date of Birth (YY/MM/DD):
Name:		Alberta Health Care #:
Address:	Postal Code:	
Home Phone#:		

<i>Player Information</i>				
Tryout Position:	Shoots:	Height:	Weight:	Age:
25/26 Team Association Name and Tier:				

<i>Father Information</i>	
Name:	City:
Address:	P.C.
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 - Note that we do not accept CHEQUES</i>	
Cash:	Credit Card:
PLAYER SIZES: Adult/Youth	Credit Holder Name:
Hoodie _____	Card Number:
Sweats _____ Shorts _____	Expiry Date:
T-Shirt _____	

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, it's 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 _____