

SOUTH KENT MINOR HOCKEY ASSOCIATION

Registration Form

Player Information

Player Name:							
Street Address:							
Mailing Address:							
City:						Postal Code:	
Date of Birth: (yyyy-mm-dd)							
Home #:					E-mail:		
Division:	HIP/Tyke	Novice	Atom	Peewee	Bantam	Midget	Juevenile
Please check one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Father Information

Name:				Home #:		
Address:						
Work #:			Cell #:			

Mother Information

Name:				Home #:		
Address:						
Work #:			Cell #:			

Emergency Contact

Name:				Phone #:		
Address:						

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 this certificate I have become subject to the rules, regulations and decisions of South Kent Minor Hockey, it's Board of Directors, 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 South Kent Minor Hockey, 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 and South Kent Minor Hockey will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

Parent/Guardian's Name

(print):

Parent/Guardian's

(Signature):
