



HOCKEY MANITOBA

TEAM OFFICIAL REGISTRATION FORM

145 Pacific Avenue
Winnipeg, MB
R3B 2Z6

Tel: 204-925-5755
Fax: 204-925-5761
www.hockeymanitoba.ca

Name and member's address:

Date:
Hockey ID:
Year:
Association Name:
Date of Birth (yyyy-mm-dd)
Health Insurance no:
Age:

Gender: Male: _____ Female: _____

Home ph: _____ Work ph: _____ Fax: _____ Cell ph: _____

E-Mail address (MANDATORY): _____

Last year's team

Position: _____
(Coach, Assistant Coach, Safety Person, Manager, Trainer)

Division: _____ Category: _____

Position:

Team for 2011 _____

Qualifications

Person to contact in case of accident or emergency:

Name: _____ Phone: _____

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 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.

The information above is collected for all registered participants and is required by Hockey Manitoba (it's employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.ca.

Hockey Manitoba uses your personal information as indicated above and outlined in our privacy policy, however we may from time to time distribute information regarding additional services and promotions that may benefit you on behalf of third parties or partners of Hockey Manitoba. This type of usage of your personal information by Hockey Manitoba is entirely at your discretion. Please indicate your preference by checking the box here.

Yes or No

Team Official signature _____ Printed Name _____

FEE DESCRIPTION	AMOUNT

DATE PAID	TYPE (Cheque, etc.)	AMOUNT

* Fees are subject to change

Notes: