



Player Registration Certificate

Male Female

Goaltender Import

2011-2012

Surname		Given Name		Date of Birth: Year	Month	Day
Address		City	Province	Postal Code		
Telephone No.			Hospitalization No.			
E-Mail:						
Is eligible to play for the _____						
Resident at the above address since:			Citizenship			
_____/_____/_____ Day Month Year			Canada <input type="checkbox"/> Other <input type="checkbox"/>			
I last registered with the following Team(s)						
YEAR: _____		TEAM: _____		In the _____ Branch/Province		
YEAR: _____		TEAM: _____		In the _____ Branch/Province		
<p>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.</p> <p>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.</p>						
Date Signed _____, _____			Player's Signature _____			
Date Signed _____, _____			Branch Approval _____			
This card is issued at the discretion of the Branch Executive, and is revocable without notice						

Junior Senior