



LAKE OF THE WOODS MINOR HOCKEY ASSOCIATION REGISTRATION FORM

Card # (leave blank)	
Division: (leave blank)	
Season	2009/2010

Player Name:	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:	Postal Code:
Mailing Address:	Postal Code:
Home Phone #:	

Father/Guardian's Information:	
Name:	
Mailing Address:	Postal Code:
Home Phone #:	Work/Cell Phone #:
Email Address (optional):	

Mother/Guardian's Information:	
Name:	
Mailing Address:	Postal Code:
Home Phone #:	Work/Cell Phone #:
Email Address (optional):	

Emergency Contact Name:	
Relationship to Player:	
Street Address:	
Home Phone #:	Work/Cell Phone #:

Registering in:	<input type="checkbox"/> Initiation Program (born 2003/2004)	<input type="checkbox"/> Novice (born 2001/2002)	<input type="checkbox"/> Atom (born 99/2000)
	<input type="checkbox"/> Peewee (born 97/98)	<input type="checkbox"/> Bantam (born 95/96)	<input type="checkbox"/> Midget (born 92/93/94)

Rates: Initiation Program \$175		Novice to Midget \$330
Payment may be made in one payment or two equal payments postdated for Oct 15 th and Nov 1 st /09.		
First time registering with Lake of the Woods Minor Hockey? Please include a photocopy of the player's birth certificate.		
Position:	Last Team Played For:	

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 the decisions of Hockey Canada, it's Board of Directors, the 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, it's 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. Hockey Canada 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 purpose 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/Guardian's Name (print):
Parent/Guardian's Signature: _____ Date: _____

This section for Lake of the Woods Minor Hockey Use Only

Total Fee Paid		Name & Phone # on Cheque	
Payment 1 Amount:		Payment 2 Amount:	
Dated:		Dated:	