



PIERREFONDS MINOR HOCKEY ASSOCIATION

14700 PIERREFONDS BLVD, PIERREFONDS, QUEBEC H9H 4Y6 Phone: (514) 620-6440



PLAYER REGISTRATION FORM

Member Name and Address:

Season: 2017 - 2018

Date of birth: _____
Y Y Y Y / M M M / D D

Medicare number : _____

Age : _____

Category : _____

(Initiation, Pre- Novice, Novice, Atom, Pee wee, Bantam, Midget, Junior)

Preferred position _____ Shoots : Left Right
(Center, Wing, Forward, Defense, Goalie)

Gender: Male Female

Language: English French

Home: () Work: () Cellular: ()

E-mail address

Last year's team

Father's name : _____ Mother's name: _____
(Complete below only if different from above)

Address: _____ Address: _____

City: _____ Postal code : _____ City: _____ Postal code : _____

Home: _____ Work: _____ Home: _____ Work: _____

Other: _____ E-mail: _____ Other: _____ E-mail: _____

Person to case in case of accident or emergency, if parent/guardian not available:

Name: _____ Telephone: ()

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.

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 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.

Mites and Pre-Novice: No refunds after November 1st. Novice to Junior: No refunds once teams are made.
 \$75 administration fee will be applied to all refunds;
 \$35 administration fee per NSF cheque. Suspension will occur due to late payment.

Parent / Guardian's signature: _____ Member's signature: _____
 Name in block letters: _____ Name in block letters: _____

OFFICIAL RECEIPT FOR REGISTRATION PURPOSES

Principal Fee:	<input type="checkbox"/> Novice	515 \$	
<input type="checkbox"/> Mites	400 \$	<input type="checkbox"/> Atom	525 \$
<input type="checkbox"/> Pre-Novice-1	455 \$	<input type="checkbox"/> Pee wee – Midget	555 \$
<input type="checkbox"/> Pre-Novice-2	475 \$	<input type="checkbox"/> Junior	565 \$

Deduct : cash /cheque or interac transfert discount

Total: \$ _____

Name of Payer _____

Payment made by: Cheque (s) Cash
 Date of cheque(s) Credit Card Interac
 1st : _____
 2nd : _____
 3rd : _____