



LAKESHORE MINOR HOCKEY FED.  
16849 Blvd. Hymus  
KIRKLAND QC H9H 3L4

Hockey ID



PLAYER APPLICATION TO REGISTER FORM

Name and member's address:

Date: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Association Name: LAKESHORE MINOR  
 Date of Birth (yyyy-mm-dd) \_\_\_\_\_  
 Health Insurance no: \_\_\_\_\_  
 Municipal Card: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 (Initiation, Pre-Novice, Novice, Atom, Peewee, Bantam, Midget, Junior)

Position: \_\_\_\_\_ Shoots: Left Right \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 (center, wing, forward, defence, goalie)  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Language: \_\_\_\_\_  
 Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell ph: \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_ Last year's team: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
 (Complete below only if different from above)  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_  
 Other ph: \_\_\_\_\_ E-mail: \_\_\_\_\_ Other ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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, its 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 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 NOT allow this type of usage please check the box here

Parent's signature: \_\_\_\_\_ Member's signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Principal Fees	Rate
Après/After: 08/01/2015	500.00

Secondary Fees	Rate	Receipt no.:
Avant/Before: 08/01/2015	475.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Total of Principal fees:  Payments.:

Date Type Receipt

Notes: --- Paiement par carte de credit; ajouter 15\$ (frais bancaires)/Credit card payments; add \$15 (bank fees). # VISA ~  
 MASTERCARD : \_\_\_\_\_, DATE D'EXP : \_\_\_\_\_, V.I.N.# : \_\_\_\_\_