



**DOLLARD HOCKEY ASSOCIATION**

12001 DE SALABERRY SUITE H-183, (514) 683-3825  
 DOLLARD DES ORMEAUX QC H9B 2A7

**PLAYER APPLICATION TO REGISTER FORM**

<p><b>Name and member's address:</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><b>Date:</b> _____</p> <p><b>Card #:</b> _____</p> <p><b>Year:</b> _____</p> <p><b>Association Name:</b> <span style="float: right;">DOLLARD HOCKEY ASSOCIATION</span></p> <p><b>Date of Birth (yyyy-mm-dd)</b> _____</p> <p><b>Health Insurance no:</b> _____</p> <p><b>Municipal Card:</b> _____</p> <p><b>Age:</b> _____</p> <p><b>Division:</b> _____  <small>(Initiation, Pre-Novice, Novice, Atom, Pee wee, Bantam, Midget, Junior)</small></p>
<p><b>Position:</b> _____ <b>Shoots:</b> <u>Left</u> _____ <u>Right</u> _____</p> <p style="text-align: center;"><small>(center, wing, forward, defence, goalie)</small></p> <p><b>Height:</b> _____ <b>Weight:</b> _____</p> <p><b>Home ph:</b> _____ <b>Work ph:</b> _____ <b>Fax:</b> _____ <b>Cell ph:</b> _____</p> <p><b>E-Mail address:</b> _____ <b>Last year's team</b> _____</p>	<p><b>Gender:</b> <u>Male</u> _____ <u>Female</u> _____</p> <p><b>Language:</b> _____</p>

<p><b>Father's name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>Postal code:</b> _____</p> <p><b>Home ph:</b> _____ <b>Work ph:</b> _____</p> <p><b>Other ph:</b> _____ <b>E-mail:</b> _____</p>	<p><b>Mother's name:</b> _____</p> <p style="text-align: center;"><small>(Complete below only if different from above)</small></p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>Postal code:</b> _____</p> <p><b>Home ph:</b> _____ <b>Work ph:</b> _____</p> <p><b>Other ph:</b> _____ <b>E-mail:</b> _____</p>
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**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 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 NOT allow this type of usage please check the box here

**Parent's signature:** \_\_\_\_\_ **Member's signature** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Principal Fees</th> <th style="text-align: right;">Rate</th> </tr> <tr> <td>registration fee/ frais principal</td> <td style="text-align: right;">\$150.00</td> </tr> </table>	Principal Fees	Rate	registration fee/ frais principal	\$150.00	<p style="text-align: right;"><b>Receipt no.:</b> _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Secondary Fees</th> <th style="text-align: right;">Rate</th> </tr> <tr> <td>3rd &amp; 4th Child/ 3ieme &amp; 4ieme enfants</td> <td style="text-align: right;">\$125 &amp; 100 <input type="checkbox"/></td> </tr> <tr> <td>Girls hockey/ Hockey feminin</td> <td style="text-align: right;">\$150.00 <input type="checkbox"/></td> </tr> </table>	Secondary Fees	Rate	3rd & 4th Child/ 3ieme & 4ieme enfants	\$125 & 100 <input type="checkbox"/>	Girls hockey/ Hockey feminin	\$150.00 <input type="checkbox"/>
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<p><b>Total of Principal fees:</b> <span style="border: 1px solid black; padding: 2px;">150.00</span></p>	<p><b>Payments.:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Date</th> <th style="width:30%;">Type</th> <th style="width:40%;">Receipt</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date	Type	Receipt							
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Note: Late fee of \$25 will apply after Sept. 1. No refunds after Oct. 1. Refund requests must be submitted in writing to the Treasurer.  
 Des frais de retard de \$25 s'appliqueront apres le 1 septembre et aucun remboursement ne sera autorise apres le 1 octobre.  
 Les demandes de remboursement doivent etre faite par ecrit au soin du/de la tresorier(e).