



DOLLARD HOCKEY ASSOCIATION

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

PLAYER APPLICATION TO REGISTER FORM

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

<p>Father's name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal code: _____</p> <p>Home ph: _____ Work ph: _____</p> <p>Other ph: _____ E-mail: _____</p>	<p>Mother's name: _____</p> <p style="font-size: small;">(Complete below only if different from above)</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal code: _____</p> <p>Home ph: _____ Work ph: _____</p> <p>Other ph: _____ E-mail: _____</p>
--	---

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;">Receipt no.: _____</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 & 4th Child/ 3ieme & 4ieme enfants</td> <td style="text-align: right;">\$125 & 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"/>
Principal Fees	Rate										
registration fee/ frais principal	\$150.00										
Secondary Fees	Rate										
3rd & 4th Child/ 3ieme & 4ieme enfants	\$125 & 100 <input type="checkbox"/>										
Girls hockey/ Hockey feminin	\$150.00 <input type="checkbox"/>										
<p>Total of Principal fees: 150.00</p>	<p>Payments.:</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							
Date	Type	Receipt									

Notes: Late fee of \$25 will apply after Sept 15. No refund after Oct 15. Refunds must be in writing to Treasurer.
 Des frais de retard de \$25 s'appliqueront après le 15 septembre et aucun remboursement ne sera autorisé après le 15 octobre.
 Les demandes de remboursement doivent être faites par écrit au soin du/de la trésorier(e).