## South Shore ICE Storm Include – Compete – Empower!



## **REGISTRATION FORM – 2024-2025**

Player Information							
Name:							
address:							
Date of B	Birth (yyyy-mm-dd):			Gender		language	
Home #		Cell #:					
e-mail:				Shirt size	e:	Youth	Adult
Health Card number (MSI)					Expiry date:		
Parent # 1 Information							
Name:				Home #			
Adress							
Work #:		Cell #:			Email:		
Parent # 2 Information							
Name:				Home #			
Address:							
Work #		Cell #			e-mail:		
Emergen	cy Contact						
Name:					Phone #:		
Address:					-		

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, ilts 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 uses please the box here.

Parent/Guardian Name (print)	Player Name (print)
(For players under 18)	
Parent/Guardian Signature	Player Signature
(For players under 18)	

For Office use.

Fee	Amount	Payment	Receipt
<b>Registration Fee</b>	150.00 for season		