



EGANVILLE & DISTRICT MINOR HOCKEY ASSOCIATION

PO Box 499, Eganville, ON K0J1T0

NEW PLAYER REGISTRATION FORM



PLAYER INFORMATION						
Family Name	First Name	Sex		Date of Birth		
		M []	F []	YEAR	MONTH	DAY
Player Address		Town		Postal Code		

PARENT / GUARDIAN INFORMATION			
Name	Phone	Email	
Address Same as Player Address []	Town	Postal Code	
Name	Phone	Email	
Address Same as Player Address []	Town	Postal Code	

SUPPORTING DOCUMENTS TO INCLUDE	
Copy of Birth Certificate	[]
Proof of Residency	[] (Utility Bill, Rental/Lease Agreement, etc)

INSTRUCTIONS
Submit this registration form and the supporting documents to the Eganville Registrar.
You will be notified once a Hockey Canada Registry number has been generated for your player.
Once the number has been generated, you will be able to complete the registration process on the Hockey Canada Registry 3.0 Spordle

ACKNOWLEDGEMENT
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 and decisions of Hockey Canada, 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.
Registration for both House and Competitive League players must be complete and paid in full prior to any player being permitted on the ice.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ PARENT/GUARDIAN SIGNATURE </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>
SEND REGISTRATION FORM AND SUPPORTING DOCUMENTS TO: eganvilleregistrar@gmail.com

EDMHA USE ONLY	
HOCKEY CANADA NUMBER:	DATE: