



SUN COUNTY AAA MINOR HOCKEY ASSOCIATION

REGISTRATION FORM

(Please prints clearly)

PLAYER'S NAME: _____ D.O.B _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____ MUNICIPALITY: _____

POSTAL CODE: _____ PHONE: _____ TAXES PAID TO: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT & PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

MEDICAL DISABILITIES: YES _____ NO _____

IF YES EXPLAIN: _____

HOME ASSOCIATION: _____ MOVE IN DATE CURRENT HOME _____

(MM/YY)

1. Opt-out Provision

I acknowledge and understand that, for the purposes of offering additional products and services that may be of interest to the participant or the participant's family, S.C. AAA M.H. may use or disclose the participant's name and address collected on this form to third parties. As the above-mentioned participant, or the participant's legal guardian, if you do not wish that information used or disclosed for the purpose of offering you such additional products and services, please check here: _____

Privacy policy available on request or from web site <http://www.suncountypanthers.com/>

2. 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 S.C. AAA M.H.A./ALLIANCE/OHF/H.C. and its executive, 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 S.C. AAA M.H.A./ALLIANCE/OHF/H.C. and its executive. I am aware that these rules and regulations are available to me through my team manager.

3. REFUNDS BY BOARD APPROVAL ONLY.

SIGNATURE: _____ DATE: _____

(PARENT/GUARDIAN)