



OTTAWA JR. 67'S "AAA" HOCKEY CLUB

Player Tryout Application for 2009/10 Hockey Season



Player's Name and Address	
First Name: _____ Last Name: _____ Address: _____ City: _____ Postal Code: _____	

Date of Birth: (MM/DD/YYYY) _____ / _____ / _____	
Age as of Dec. 31, 2009: _____	
Health Insurance #: _____	
Gender: _____	Male ___ Female ___
Height: _____	
Weight: _____	
Shoots: _____	Left ___ Right ___
Last Seasons Team: _____	
Position Trying Out For: _____	
This Seasons Division: _____	

(Minor/Major Bantam or Midget)

Player's Contact Information	
Home #: _____	Cell #: _____
Home E-mail: _____	

Parent's Information	
Father's Name: _____	Mother's Name: _____
E-mail: _____	E-mail: _____
Work #: _____	Work #: _____
Cell #: _____	Cell #: _____
<i>(Complete below only if different from Player above)</i>	
Address: _____	Address: _____
City: _____ Postal Code: _____	City: _____ Postal _____
Code: _____	

Home Association: <i>(Remember to register the player with your home Association.)</i>					
<input type="checkbox"/> Blackburn	<input type="checkbox"/> Canterbury	<input type="checkbox"/> Gloucester Center	<input type="checkbox"/> Leitrim	<input type="checkbox"/> Orleans	<input type="checkbox"/> Ottawa Centre
<input type="checkbox"/> Russell	<input type="checkbox"/> Southend	<input type="checkbox"/> Sandy Hill	<input type="checkbox"/> St Laurent	<input type="checkbox"/> West End	

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 allow this type of usage please check the box here

I, the parent/guardian of the player named on this registration form, hereby give my approval for his/her participation in any and all hockey activities during the current hockey season. I assume all risks and hazards incidental to such participation including transportation to and from such activities. I hereby waive, release, absolve, and agree to hold harmless the District B, District 9, Ottawa Jr. 67's AAA Hockey Club, the organizers, sponsors, supervisors, participants, coaches, trainers, and persons transporting my child to and from activities from any claim arising from an injury to my child, except to the extent and in the amount covered by the Club's accident or liability insurance.

Signatures	
Parent signature: _____	Player signature: _____
Date: _____	Date: _____

NOTE: Registration for Ottawa Jr. 67's "AAA" tryouts is due on or **BEFORE May 31st, 2009**. Make cheque for \$125.00 payable to the **Ottawa Jr. 67's "AAA" Hockey Club**. Withdrawal from tryouts 7 days prior to the first try out will be subject to a \$25.00 service fee.

Mail Registration form with cheque for \$125.00 to: Ottawa Jr. 67's "AAA" Minor Hockey Club
 c/o Registrar
 715 Hartman Crescent, Ottawa, ON K1V 7E8

Note: Registration: After May 31st, 2009 is \$200.00