

## **HOCKEY SASKATCHEWAN**

575, Park Street, Regina, SK, S4N 5B2, CA Phone: +13067895101

Email: derekd@hockeysask.ca

# Member profile information

| First Name *   | Last Name *             | Primary email *     |
|--|-------------------------|---------------------|
| Gender Identity *  | Primary Language *      | Secondary Language  |
| ○ Male   | ○ English               | ○ English           |
| ○ Female   | ○ French                | ○ French            |
| Prefer not to say  |                         |                     |
| O Prefer to self describe  |                         |                     |
| Citizenship *  | Birth country *         |                     |
| Ethnicity *  |                         |                     |
| ○ Black ○ Caucasian ○ Chinese ○ Filipino ○ Indigenous ○ Japanese ○ Korean ○ Latin American |                         |                     |
| ○ Southeast Asian ○ Other ○ Prefer not to say  |                         |                     |
|  |                         |                     |
|  |                         |                     |
| Address information  |                         |                     |
| Address type *   |                         | Street number *     |
| Resident Billet residence  |                         |                     |
| O Nesiderite O Billiet residerite  |                         |                     |
| Address *  |                         |                     |
| City *   | Province *              | Postal Code *       |
| Phone Number *   |                         |                     |
| Phone Type *   |                         |                     |
|  |                         |                     |
| ○ Home ○ Work ○ Cell ○ Fax ○ Page ○ Office   |                         |                     |
|  |                         |                     |
| Contact information  |                         |                     |
|  |                         |                     |
| Contact Type *   |                         |                     |
| ○ Coach ○ Mother ○ Legal guardian ○ Brother ○ Uncle ○ Other                                |                         |                     |
| ○ Father ○ Grandparent ○ Sister  | ○ Aunt ○ Niece ○ Myself |                     |
| First Name *   | Last Name *             | Email *             |
| Phone Number *   | Phone Type *            | Emergency Contact * |
|  |                         | ○ Yes ○ No          |



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# **Mandatory Waivers**



### **Agreement**

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Members 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 Members and/or associations is entirely at your discretion. Should you choose to allow this type of usage please check the box below.

○ I agree ○ I disagree



## Waiver

I certify the information provided to be true and in consideration of the granting of this registration to me with the privileges incident thereto, and by registering I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Members and/or associations 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 Members and/or associations. Further, the information to be provided 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.

O I have read and accept the waiver