

Team Name _____

OFFICIAL ROSTER

Division (Midget, Bantam Female, etc.) _____

SAMPLE COPY ONLY

Provincial Play-off Category (A, AA, etc.) _____
 Pending verification by Zone Registrar
 (not applicable for WMHA)

1. The information below is collected for all registered participants and is required by _____ (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. **Signature below indicates understanding and agreement with respect to the aforementioned use of personal information.**

2. _____ does not share the information we collect outside our Branch and Associations, however we may from time to time use this information for the purposes of offering additional services, including promotions offered by third parties. This type of usage of your personal information by _____ and/or its associations is entirely at your discretion. **Please indicate your preference by circling Yes or No next to your signature.**

_____ treats this information with the utmost respect and in accordance with the _____ Privacy Policy at all times. For further information on _____ Privacy Policy, please visit our website at _____

NOTE: Bantam & Higher Categories, Circle Goalie Number Below

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.	SURNAME (please print)	GIVEN NAME (please print)	M/F	D.O.B. D/M/Y	MAILING ADDRESS / CITY (Include Section/Township/Range/Quarter if applicable)	POSTAL CODE	PHONE NUMBER	LAST TEAM REGISTERED	1. PARENT'S / GUARDIAN'S SIGNATURE		2. Yes/No	
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N
											Y	N

Please circle Primary Contact

Levels: IP = Initiation, C = Coach, I = Intermediate, A = Advanced, SO = Speak Out (formerly Coach Awareness Program), S = Safety

1. 2. 3. 4.	SURNAME (please print)	GIVEN NAME (please print)	M/F	D.O.B. D/M/Y	MAILING ADDRESS / CITY / POSTAL CODE (Include Section/Township/Range/Quarter if applicable)	PHONE NO. (Res)	PHONE NO. (Bus)	CIRCLE CERTIFICATION LEVELS ATTAINED						1. TEAM OFFICIAL'S SIGNATURE	2. Yes/No		
								IP	C	I	A	SO	S		Y	N	
	Head Coach															Y	N
	Asst. Coach															Y	N
	Asst. Coach															Y	N
	Manager															Y	N

SAFETY – Please complete this area even if listed as a Coach or Manager

5.	Safety															Y	N
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BRANCH APPROVAL _____ DATE APPROVED _____ ASSOCIATION APPROVAL _____ DATE APPROVED _____

PLEASE SUBMIT YOUR COMPLETED ROSTER TO THE APPROPRIATE ZONE REGISTRAR
 (YOUR SIGNATURE INDICATES THAT YOU ARE AWARE OF THE COACHING CERTIFICATION REQUIREMENTS)