

OPT-IN PHRASE NUMBER TWO

(TO BE FILED WITH REGISTRATION FORMS FOR ALL PLAYERS)

I, _____
(Please print name) (Date of Birth)

certify the information provided to be true and in consideration of the granting of this application to me with the privileges incident thereto, and by applying, 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 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.

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Parent or guardian must sign here for all players
under the age of majority.

Parent or Guardian Name (Please Print)

Minor Hockey Association

Duplicate copies may be made