

**STRATHCONA MHA**

80, PO Box 29, Ardrossan, AB, T8E 2A1, CA

Phone: +17807196810

Email: registrar.smha@gmail.com

**Member Profile Information****Registration Date \***

<b>First Name *</b>	<b>Last Name *</b>	<b>Primary Email *</b>
<b>Gender Identity *</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/> Prefer to self-describe	<b>Primary Language *</b> <input type="radio"/> English <input type="radio"/> French	<b>Secondary Language</b> <input type="radio"/> English <input type="radio"/> French
<b>Date of Birth *</b>	<b>Citizenship *</b>	<b>Birth Country *</b>
<b>Identify as Indigenous *</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say	<b>If yes, please indicate the group *</b> <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> North American Indian / First Nations <input type="radio"/> Other <input type="radio"/> Prefer not to say	
<b>Ethnicity *</b> <input type="radio"/> Black <input type="radio"/> Caucasian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Indigenous <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Latin American <input type="radio"/> Southeast Asian <input type="radio"/> South Asian / East Indian <input type="radio"/> West Asian, North African or Arab <input type="radio"/> Other <input type="radio"/> Prefer not to say		

**Address Information**

<b>Address Type *</b> <input type="radio"/> Resident <input type="radio"/> Billet residence	<b>Street Number *</b>	
<b>Address *</b>	<b>Country *</b>	
<b>Rural Route / Postal Office Station *</b>		
<b>City *</b>	<b>Province *</b>	<b>Postal Code *</b>
<b>Phone Number *</b>		
<b>Phone Type *</b> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Fax <input type="radio"/> Pager <input type="radio"/> Office	<b>Move In Year *</b>	

**Contact Information**

<b>Contact Type *</b> <input type="radio"/> Coach <input type="radio"/> Mother <input type="radio"/> Legal guardian <input type="radio"/> Brother <input type="radio"/> Uncle <input type="radio"/> Other <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> Sister <input type="radio"/> Aunt <input type="radio"/> Niece <input type="radio"/> Myself		
<b>First Name *</b>	<b>Last Name *</b>	<b>Email *</b>
<b>Phone Number *</b>	<b>Phone Type *</b>	<b>Emergency Contact *</b> <input type="radio"/> Yes <input type="radio"/> No



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## Documents

### Proof of residency

To ensure each participant has been assigned to the correct hockey association, a proof of address is required. This information is considered private and will not be shared. You can upload any government issued ID or 3rd party bill (electric bill for example)e containing your full address and name.

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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

First Name *	Last Name *	Date *



### 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.

- I have read and accept the waiver

First Name *	Last Name *	Date *