



ADULT RECREATIONAL REGISTRATION SHEET

Please Print Clearly



Team Name:			Season:			League:				
F/P	Last Name	First name	D.O.B Y/M/D	Address	City	Prov	PC	Phone ()	Email	H.C. Registered

⌓ Please indicate type of Facial Protection: **F**– Full Visor, $\frac{1}{2}$ - $\frac{1}{2}$ Visor, **N** – No Face Mask
BENCH PERSONNEL ONLY Please list Bench Personnel eg: coach, manager, trainer. Non playing support people (off ice officials) are HC insured at no charge

Contact Person: _____ **Address** _____ **City:** _____ **Prov.** _____ **PC:** _____
Phone: r) _____ o) _____ c) _____ f) _____ **e-mail:** _____
Branch Approval: _____ **Date:** _____ **20** _____

NOTE: Please note in the H.C. Registered section if the AR registrant listed is also registered as a H.C. Junior/Minor participant, eg: Mgr.(M), Coach (C), Official (O) Player (P) and/or is registered as an AR player in another league this season. Dental coverage is an additional amount of \$7.50, include this amount in PAID column total as applicable. Ontario & Quebec residents are subject to PST (1st.Nation residents excluded), add to total paid by indicating (1st.N) in Note Column.