



2024 - 2025 Team Officials Registration Certificate

Man Woman Non-Binary Prefer not to say

Last Name		Given Name		Date of Birth (mm/dd/yyyy):		Birth Country:	
Address		City		Province		Postal Code	
Telephone No.				Email:			
What year did you move into your current residence:				Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French		Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> French	
Citizenship:				Identify as Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		If yes, please indicate the group:	
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Indigenous <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> South Asian/East Indian <input type="checkbox"/> West Asian, North African or Arab <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
Team Name:							
Position: <input type="checkbox"/> Manager <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Safety Person <input type="checkbox"/> Trainer <input type="checkbox"/> Equipment Manager <input type="checkbox"/> Other: _____							
Certification (check all that apply): <input type="checkbox"/> High Performance 1 <input type="checkbox"/> Development 1 <input type="checkbox"/> Coach 2 – Coach Level <input type="checkbox"/> Coach 1 – Intro Coach <input type="checkbox"/> Checking Skills <input type="checkbox"/> Respect in Sport <input type="checkbox"/> Other: _____							
I last registered with the following Team(s):							
YEAR: _____ TEAM: _____ In the _____ Branch/Province							
YEAR: _____ TEAM: _____ In the _____ Branch/Province							
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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.							
The information above is collected for all registered participants and is required by Hockey Manitoba (it's employees, team officials, volunteers, leagues, and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.ca .							
Date Signed _____, _____				Your Signature _____			
Date Signed _____, _____				Branch Approval _____			
This card is issued at the discretion of the Branch Executive, and is revocable without notice							