



CYO Hockey Registration Form

www.cyohockey.com

For more information, please email cyohockey@gmail.com

"Celebrating 56 Years of Hockey"
1953-2010



Applicant Information			
Player Name:		Date of Birth:	Month Day Year
Address:		Registration Fees:	
City/Postal Code:		CASH \$	CHEQUE#
Phone : ()		Alternative Phone : ()	
Email address:		Alternative Email Address:	
Father (or guardian):		Mother (or guardian):	
House League (non-contact)		Tier 1 Hockey (full contact Pee wee & up)	
Initiation (formerly Instructional) _____ Tyke (formerly SenB) _____		MinPw _____ Pw _____ MinBant _____	
2002 & under	2002 & under	1998	1997 1996
Nov _____ Min Atom _____ Atm _____		Bant _____ MinMidget _____ Midget _____	
2001 2000 1999		1995 1994-1993 1992	
Min PW _____ PW _____			
1998 1997			
NEW CYO PLAYER: _____ Where played last year: _____		EXISTING CYO PLAYER: _____	
Team Preference: i.e. Team. Coach			
Position Preference:			
Number of years player has played hockey: _____			
Highest Level played (i.e. AAA, AE, House League): _____			
Parent interested in helping with league: _____ No _____ Team _____ Coach _____ Asst. _____ _____ Trainer _____ Manager _____ Executive _____			
Can parent possibly find a sponsor for the team: _____ Yes _____ No			
List Medical Disabilities:			
Comments:			

Note to Applicants

All parents, players and coaching staff must agree to abide by all CYO, OMHA and City rules, regulations, codes of conduct and bylaws as outlined on their respective websites. Parents are responsible for the transportation and purchasing of proper hockey equipment. Goalie equipment will be provided at the younger ages. It is important that you are aware that while every effort is made to ensure the safety of your child that there is still an element of risk inherent in playing hockey. There will be a \$25 fee charged for NSF cheques.

Signature of Parent: _____ **Date:** _____

The personal information is being collected by the City of Oshawa for the sole purposes of allocating ice time to organizations and individuals in accordance with the City's **Ice Allocation Policy, City of Oshawa Bylaw 13-2003, General Fees and Charges** and pursuant to section 11(2) of **Municipal Act, 2001** as amended. All information shall be kept in strict confidence and not used for any other purpose. Once collected, the information will be used only for this allocation purpose, retained and disposed of in accordance with the City's Records Retention By-law and provincial law. By providing this information during registration, participants or their parents/guardians are authorizing the disclosure of personal information to the City, specifically the following information about the participant: **Surname. Parent/guardian's surname if different, Year of birth, Parts of their address: street name, city/town, postal code, Telephone number of participant or of their parent/guardian**
Any questions may be directed to: Sandra Kranc, City Clerk, 5 Floor, Rundle Tower 50 Centre Street South Oshawa ON L1H 3Z7
Tel: 905-436-5639 fax: 905-436-5697 email: infoservices@oshawa.ca

Please make cheques payable to "CYO HOCKEY" and return with this form to registration table
or mail to:
CYO Hockey Association
701 Rossland Rd. E., Suite #341
Whitby, ON L1N 9K3
Attention: CYO Registrar