



*CARHA Hockey would like to welcome and thank you for registering for the upcoming season
In completing the form below, the league is committed to registering as a
CARHA Hockey Member for the 2020-2021 season.*

LEAGUE DETAILS	
League Name _____	
Start Date _____ MM/DD/YY	End Date _____ MM/DD/YY
League Convenor _____	
Twitter Handle / Facebook _____	League Website _____
<input type="checkbox"/> Yes the above-noted league will register as a CARHA Hockey member for the 2020-21 hockey season.	
Which arena(s) does the league play out of: _____	
City the league is based out of: _____	
Name Additional Insureds (if applicable): _____	
How did you hear about CARHA Hockey? _____	
Please confirm that all players are 18+ years and older - <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If you chosen "No" please confirm the number of underage players and their age: _____	

_____	X	\$ _____	=	\$ _____
<input type="checkbox"/> No. of players (estimate) or		Membership		Total
<input type="checkbox"/> No. of teams (estimate)				
As the league representative, I agree to submit payment equivalent to the above-noted total to CARHA Hockey within two (2) weeks of our league start date and understand that membership fees are non-refundable. Please provide date by which you will submit payment _____				
If we do not submit payment before that time, CARHA Hockey will give you an additional 2 business days to organize your method of payment before your liability insurance is temporarily suspended.				
<input type="checkbox"/> Payment via Online Banking <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> E-transfer to payments@carhahockey.ca (Please use "Hockey" as the password)				
<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____ EXPIRY DATE _____				
CARD HOLDER (PLEASE PRINT) _____ SIGNATURE (AUTHORIZATION) _____				
DATE FOR PROCESSING _____ MUST BE WITHIN TWO WEEKS OF THE LEAGUE START DATE, UNLESS A LATER DATE IS AGREED UPON BY BOTH THE LEAGUE AND CARHA HOCKEY.				
MEMBERSHIP FEES ARE NON-REFUNDABLE				
I understand that if I do not complete and return this form to CARHA Hockey, the Hockey Insurance for the above noted league and its participants will not be put into effect.				
NAME (PLEASE PRINT) _____		SIGNATURE _____		DATE _____

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THAT THERE IS A RISK OF BEING INJURED WHEN PLAYING THE GAME OF HOCKEY.

The Canadian Adult Recreational Hockey Association (CARHA Hockey) is committed to protecting the privacy and confidentiality of your personal information in our possession and complying with applicable privacy laws in Canada, including the *Personal Information Protection and Electronic Documents Act*. In furtherance of this commitment, CARHA Hockey has adopted a Privacy Policy and appointed a Chief Privacy Officer who is accountable for our compliance with applicable privacy laws and CARHA Hockey's Privacy Policy.

Please consider this notification of confirmation that the collection of personal information by CARHA Hockey is limited to that which is necessary for communications with you, membership registration organizing hockey tournaments as the official national body for recreational hockey in Canada, determining if our products and services, or those of our partners, meet your needs, offering and providing our products and services, or those of our partners, that may be of interest to you, collecting monies owing to CARHA Hockey or permitting CARHA Hockey to pursue available remedies or limit any damages it may sustain, complying with all applicable laws or for other purposes that are disclosed to you before or at the time the personal information is collected. Unless required by law, we will obtain your consent before using or disclosing your personal information for a purpose not previously identified.

A complete copy of CARHA Hockey's Privacy Policy and instructions for unsubscribing from our mailing lists and/or informing us of your preferences for the use and disclosure of your personal information can be found on our website at www.carhahockey.ca or obtained by writing to us at the address below.

For further information about CARHA Hockey's Privacy Policy, to address any concerns you have, to review or verify your personal information in our control or to find out how we have used it or to whom we have disclosed it, please email CARHA Hockey's Chief Privacy Officer - privacy@carhahockey.ca or contact us in writing at the address below.



Suite 610, 1420 Blair Towers Place, Ottawa, ON K1J 9L8
Tel: (613) 244-1989 / (800) 267-1854 • Fax: (613) 244-0451 / (866) 345-1975

hockey@carhahockey.ca

carhahockey.ca



LEAGUE CONTACT INFORMATION FORM

PRESIDENT/CONVENOR

Name _____	Home (_____) - _____
Address _____	Work (_____) - _____ ext _____
City _____ Prov. ____ Postal Code _____	Fax (_____) - _____
E-mail _____	Date of Birth _____

VICE-PRESIDENT

Name _____	Home (_____) - _____
Work _____ ext _____	Fax (_____) - _____
E-mail _____	

TREASURER

Name _____	Home (_____) - _____
Work _____ ext _____	Fax (_____) - _____
E-mail _____	

SECRETARY

Name _____	Home (_____) - _____
Work _____ ext _____	Fax (_____) - _____
E-mail _____	

REFEREE ASSIGNOR

Name _____	Home (_____) - _____
Work _____ ext _____	Fax (_____) - _____
E-mail _____	

TO BEST SERVE YOUR SPECIFIC NEEDS, PLEASE TAKE A MOMENT AND COMPLETE THE FOLLOWING	
Who is your Referee Assignor (if applicable)? _____	
DOES YOUR LEAGUE HOST:	
Tournament(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Tournament Name _____
	Date _____
Banquet(s)/Socials <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
	Date _____
Would you like prize options for your league? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I CONSENT TO RECEIVE – All, Ice Chips, Hockey Hub, CHWC eletter, third party promotions.

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LEAGUE TEAMS Please disregard this page if you are registering your league as a draft.

1) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
2) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
3) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
4) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
5) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
6) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
7) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
8) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
9) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
10) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
11) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
12) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____

LEAGUE TEAMS (CONTINUED)

13) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
14) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
15) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
16) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
17) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
18) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
19) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
20) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
21) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
22) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
23) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____
24) TEAM _____	Rep Name _____		
Phone _____	E-mail _____	DOB _____	
Address _____	City _____	Prov. _____	Postal Code _____