		TEAM REP				
HOCKEY	ADDRESS		CITY	PROV POSTAL CODE	PHONE	
FIRST		LAST NAME		EMAIL	PHONE #	DATE OF BIRTH MM / DD / YY
3.						
·						
5.						
6.						
' .						
3.						

0	🗆 VISA 🗆 MC	EXPIRY	E-transfer to payments@carhahockey.ca				
E	CARD#	WIWI / TT	CVC#	# OF PARTICIPANTS	x \$25 = \$_		
Σ	(please print) CARD HOLDER			(AUTHORIZATION) SIGNATURE			

tion, please contact CARHA Hockey

Name additional insureds:

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THE RISK OF BEING INJURED WHILE PLAYING THE GAME OF HOCKEY. TEAM REP SIGNATURE:

DATE:

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.

MEMBERSHIP FEES ARE NON-REFUNDABLE



carhahockey.ca



SUITE 610, 1420 BLAIR TOWERS PLAC Tel: (613) 244-1989 / (800) 267-1854 Fax: (613) 244-0451 / (866) 345-1975 SUITE 610, 1420 BLAIR TOWERS PLACE, OTTAWA, ON K1J 9L8 Tel: (613) 244-1989 / (800) 267-1854