



**Member Profile Information**

**Registration Date \***

<b>First Name *</b>	<b>Last Name *</b>	<b>Primary Email *</b>
<b>Gender Identity *</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/> Prefer to self-describe	<b>Primary Language *</b> <input type="radio"/> English <input type="radio"/> French	<b>Secondary Language</b> <input type="radio"/> English <input type="radio"/> French
<b>Date of Birth *</b>	<b>Citizenship *</b>	<b>Birth Country *</b>
<b>Identify as Indigenous *</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say	<b>If yes, please indicate the group *</b> <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> North American Indian / First Nations <input type="radio"/> Other <input type="radio"/> Prefer not to say	
<b>Ethnicity *</b> <input type="radio"/> Black <input type="radio"/> Caucasian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Indigenous <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Latin American <input type="radio"/> Southeast Asian <input type="radio"/> South Asian / East Indian <input type="radio"/> West Asian, North African or Arab <input type="radio"/> Other <input type="radio"/> Prefer not to say		

**Address Information**

<b>Address Type *</b> <input type="radio"/> Resident <input type="radio"/> Billet residence		<b>Street Number *</b>
<b>Address *</b>		<b>Country *</b>
<b>Rural Route / Postal Office Station *</b>		
<b>City *</b>	<b>Province *</b>	<b>Postal Code *</b>
<b>Phone Number *</b>		
<b>Phone Type *</b> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Fax <input type="radio"/> Pager <input type="radio"/> Office		<b>Move In Year *</b>

**Contact Information**

<b>Contact Type *</b> <input type="radio"/> Coach <input type="radio"/> Mother <input type="radio"/> Legal guardian <input type="radio"/> Brother <input type="radio"/> Uncle <input type="radio"/> Other <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> Sister <input type="radio"/> Aunt <input type="radio"/> Niece <input type="radio"/> Myself		
<b>First Name *</b>	<b>Last Name *</b>	<b>Email *</b>
<b>Phone Number *</b>	<b>Phone Type *</b>	<b>Emergency Contact *</b> <input type="radio"/> Yes <input type="radio"/> No

Please also attach the required documents (described below) when returning this form to: [registrar@metcalfejets.ca](mailto:registrar@metcalfejets.ca)

**Proof of Residency:**

In order to ensure registration in the proper association, proof of residency is required. Please provide a copy of any government issued ID (e.g. driver's license) or 3rd party utility bill (e.g. hydro) that contains parent/guardian's full name and address.

**Proof of Age:**

Please provide a copy of birth certificate or other government issued ID for proof of players age. Hockey divisions are based on birth year and this will ensure they are registering in the correct divisions/age groups.