

**METCALFE & DISTRICT HA**

2758, 8th Line Road, Metcalfe, ON, K0A 2P0, CA

Phone: -

Email: mdharegistrar_tb@rogers.com

Member Profile Information**Registration Date ***

First Name *	Last Name *	Primary Email *
Gender Identity * <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/> Prefer to self-describe	Primary Language * <input type="radio"/> English <input type="radio"/> French	Secondary Language <input type="radio"/> English <input type="radio"/> French
Date of Birth *	Citizenship *	Birth Country *
Identify as Indigenous * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say	If yes, please indicate the group * <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	
Ethnicity * <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

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

Contact Information

Contact Type * <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		
First Name *	Last Name *	Email *
Phone Number *	Phone Type *	Emergency Contact * <input type="radio"/> Yes <input type="radio"/> No

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

Proof of Residency:

In order to ensure registration in the proper association, proof of residency is required. Please provide any two of the following:

- Utility Bill or Cable/Internet bill (no cell phone) that contains parent/guardians full name and address
- Government Issued ID (e.g. Driver's License) (parent)
- Vehicle insurance/registration containing full name of parent/guardian with address
- School registration

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.