



Ajax Minor Hockey Association
AA – A – AE Hockey

NON -Rostered Team Personnel

I, _____ accept a position on the Ajax Minor Hockey Association team identified below for the above-noted season.

TEAM: _____

POSITION: (Check 1) _____ NON-ROSTERED MANAGER: (Requires PRS & Police Check)

_____ TREASURER: (Requires Police Check)

_____ ON-ICE ASSISTANT ** (Requires PRS & Police Check)

**** Note: Team must purchase OHF Insurance for each Non-Rostered On-Ice Assistant through the Ajax Minor Hockey Association**

Date of Birth: _____

ADDRESS: (include Postal Code) _____

EMAIL: _____ PHONE: _____

Police Check on file _____ Year _____ Current Police Check Attached _____

SIGNATURE: _____

Dated at Ajax, Ontario, this _____ day of _____ 20 _____.

HEAD COACH: (signature) _____

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA), the Ontario Hockey Federation (OHF) and the Ajax Minor Hockey Association (AMHA), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.