



Ajax Minor Hockey Association
_____ **AA – A – AE -Select**

Rostered Team Personnel

Pursuant to OHF Regulations, I the undersigned, provide this written opportunity for the named team personnel to register with the named team for the above-noted season. This form, when signed, is to be considered as the “registration certificate.” Team registration will be done electronically.

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

TEAM: _____

POSITION: (Check 1) HEAD COACH TRAINER MANAGER
 ASST. COACH ASST. TRAINER

ADDRESS: (include Postal Code) _____

Date of Birth: _____ PHONE: _____

Email Address: _____

Police Check on File _____ Year _____ Current Police Check Attached _____

SIGNATURE: _____

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

HEAD COACH: (signature) _____

OMHA Director: (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.