

# 2011-2012 TEAM STAFF REGISTRATION FORM

Please print clearly

MALE  FEMALE

SURNAME		GIVEN NAME		YEAR	MONTH	DAY
RESIDENTIAL ADDRESS				DATE OF BIRTH		
CITY		PROVINCE	POSTAL CODE:			
TELEPHONE NO.:						
E-MAIL						
IS ELIGIBLE TO PLAY FOR THE _____ <small>(Hockey Team name in full including Association name.)</small>						
RESIDENT AT THE ABOVE ADDRESS SINCE _____						
CITIZENSHIP: CANADA <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER <input type="checkbox"/> : _____						

## STAFF POSITION

COACH  ASSISTANT COACH

NOHA COACHING CERTIFICATION # CN- \_\_\_\_\_

NOHA BODY CHECKING CERTIFICATION # BN- \_\_\_\_\_

NOHA SPEAK OUT CERTIFICATION # HN- \_\_\_\_\_

NOHA INITIATION CERTIFICATION # IN- \_\_\_\_\_ (REQUIRED FOR INITIATION AND NOVICE HOUSE LEAGUE HOCKEY)

MANAGER  ASSISTANT MANAGER  NOHA SPEAK OUT CERTIFICATION # HN- \_\_\_\_\_

TRAINER  ASSISTANT TRAINER

NOHA TRAINERS CERTIFICATION # TN- \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NOHA SPEAK OUT CERTIFICATION # HN- \_\_\_\_\_

I registered last with the following Team(s)

Please X if never registered before

YEAR: \_\_\_\_\_ TEAM: \_\_\_\_\_ in the \_\_\_\_\_ Branch/Province

YEAR: \_\_\_\_\_ TEAM: \_\_\_\_\_ in the \_\_\_\_\_ Branch/Province

DATE SIGNED \_\_\_\_\_ 20\_\_\_\_ SIGNATURE \_\_\_\_\_

## Certification required