

**BC HOCKEY**

6671, Oldfield Road, Saanichton, BC, V8M 2A1, CA

Phone: +12506522978

Email: info@bchockey.net

**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"/> 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