



**FHHSC CLUB MEMBERSHIP  
2019-2020**



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F  
Surname First Name Day/Month/Year

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Name Parent/ Guardian \_\_\_\_\_ E Mail Address \_\_\_\_\_

Skate Canada # \_\_\_\_\_

**Note:** On Ice Assistants are subject to the Skate Canada helmet policy. CSA certified hockey helmets are required to be worn at all times when on the ice. Helmet exception is granted to skaters who are assessed to have skating skills equal to, or higher than CanSkate Stage 5.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Authorizing Signature: \_\_\_\_\_

**Membership status:**

- Regular** – Serving or Retired Military
- Ordinary** – DND Civilian Employees & RCMP
- Associate** – No Affiliation

Skate Canada Membership	43.65
Safe Sport & Insurance Fee	_____
<b>Total Fees Paid</b>	<b>_____</b>