



HOUSE LEAGUE REGISTRATION FORM 2024-25

RETURNING PLAYER:

NEW TO RHHA:

NEVER PLAYED:

A. PLAYER INFORMATION

PLAYERS LAST NAME

PLAYERS FIRST NAME

ADDRESS

STREET & NUMBER

CITY/TOWN

POSTAL CODE

MOVE IN YEAR ()

IDENTIFY AS INDIGENOUS

CITIZENSHIP

BIRTH COUNTRY

GENDER(Male, Female or Other)

ETHNICITY

PRIMARY LANGUAGE

BIRTHDATE

MONTH DAY YEAR

HOME PHONE

REGISTRANT IS: PLAYER:

GOALIE:

LAST SEASON REGISTRANT WAS:

HOUSE LEAGUE LOCAL LEAGUE

SELECT REP(A,AA,AE,AAA)

If player was with another hockey association last season please name:

B. PROGRAM SELECTION

2019-20 (U6) 2018 (U7) 2017 (U8) 2016 (U9) 2014-15 (U11)

2012-13 (U13) 2010-11 (U15) 2009 (U16) 2007-2008 (U18)

C. PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN (1)

LAST NAME

FIRST NAME

CELL #

EMAIL ADDRESS

PARENT/GUARDIAN (2)

LAST NAME

FIRST NAME

CELL #

EMAIL ADDRESS

Would you be interested in volunteering for either of the following?

COACH

ASST COACH



RICHMOND HILL
 10620, Yonge Street, Richmond Hill, ON, L4C 3C5, CA
 Phone: +19057700550
 Email: richmondhillstars@outlook.com

Member Profile Information

First Name *

Last Name *

Registration Date *

Primary Email *

Gender Identity *

- Male
- Female
- Prefer not to say
- Prefer to self-describe

Primary Language *

- English
- French

Secondary Language

- English
- French

Date of Birth *

Citizenship *

Birth Country *

Identify as Indigenous *

- Yes
- No
- Prefer not to say

If yes, please indicate the group *

- Inuit
- Metis
- North American Indian / First Nations
- Other
- Prefer not to say

Ethnicity *

- Black
- Caucasian
- Chinese
- Filipino
- Indigenous
- Japanese
- Korean
- Latin American
- Southeast Asian
- Other
- Prefer not to say

Address Information

Address Type *

- Resident
- Billet residence

Street Number *

Address *

Country *

Rural Route / Postal Office Station *

City *

Province *

Postal Code *

Phone Number *

Phone Type *

- Home
- Work
- Cell
- Fax
- Pager
- Office

Move In Year *

Contact Information

Contact Type *

- Coach
- Mother
- Legal guardian
- Brother
- Uncle
- Other
- Father
- Grandparent
- Sister
- Aunt
- Niece
- Myself

First Name *

Last Name *

Email *

Phone Number *

Phone Type *

Emergency Contact *

- Yes
- No