

**BC HOCKEY**

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

Phone: +12506522978

Email: info@bchockey.net

Member Profile Information**Registration Date ***

First Name *	Last Name *	Primary Email *
Gender Identity * <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/> Prefer to self-describe	Primary Language * <input type="radio"/> English <input type="radio"/> French	Secondary Language <input type="radio"/> English <input type="radio"/> French
Date of Birth *	Citizenship *	Birth Country *
Identify as Indigenous * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say	If yes, please indicate the group * <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	
Ethnicity * <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

Address Type * <input type="radio"/> Resident <input type="radio"/> Billet residence	Street Number *	
Address *	Country *	
Rural Route / Postal Office Station *		
City *	Province *	Postal Code *
Phone Number *		
Phone Type * <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell	Move In Year *	

Contact Information

Contact Type * <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		
First Name *	Last Name *	Email *
Phone Number *	Phone Type *	Emergency Contact * <input type="radio"/> Yes <input type="radio"/> No