



**Prince George Old-Timers Hockey Association**

P.O. Box 891

Prince George, BC, V2L 4T7

www.pgoha.com

**CONSENT,  
NEW MEMBER INFORMATION SHEET,  
&  
CHANGE OF INFORMATION**

DATE: \_\_\_\_\_ Please Print

Name:		Birth Date	/ /
			Month / Day / Year
Mailing Address:			
City:		Postal Code:	
Preferred Telephone Contact:		FAX:	
Secondary Telephone Contact:		Cell Phone:	
E-Mail Address:			
Membership Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Spare <input type="checkbox"/> Spare Goalie <input type="checkbox"/> Associate		
Preferred Position	<input type="checkbox"/> Wing <input type="checkbox"/> Centre <input type="checkbox"/> Defence <input type="checkbox"/> Both Forward & Defence		

New Members Only	
Skill Level:	<input type="checkbox"/> Novice <input type="checkbox"/> Average [C] <input type="checkbox"/> Above Average [B] <input type="checkbox"/> Expert [A]
Experience:	Number of years playing hockey _____ Years <input type="checkbox"/> Played in a recreation league
	<input type="checkbox"/> Played on a coached team <input type="checkbox"/> Played semi-pro
	<input type="checkbox"/> Played on an old-timer team <input type="checkbox"/> Played pick-up hockey

I understand that my address information is given to the Canadian Adult Recreation Hockey Association (CARHA) for insurance purposes, and so I receive the CARHA magazine. As well, I understand my address is used to send me PGOHA league information. Otherwise, my personal information indicated above is not sold nor given to other organizations without my prior written consent.

I  authorize  do not authorize \_\_\_\_\_ the PGOHA to include my name, telephone numbers, and e-mail address on the PGOHA website under "Members Only" as long as this information is password controlled to members.

This consent is valid as long as I am associated with the league, or until cancelled or changed by me in writing.

\_\_\_\_\_  
Signed