

**SAULT MAJOR HOCKEY ASSOCIATION**

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Member Profile Information**Registration Date ***

First Name *	Last Name *	Primary Email *
Gender Identity * <input type="radio"/> Boy/Man <input type="radio"/> Girl/Woman <input type="radio"/> Prefer not to say <input type="radio"/> Not captured in these options <input type="radio"/> Non-binary	Primary Language <input type="radio"/> English <input type="radio"/> French	Secondary Language <input type="radio"/> English <input type="radio"/> French
Birthdate *	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"/> First Nations <input type="radio"/> Metis <input type="radio"/> Inuit <input type="radio"/> Prefer not to say <input type="radio"/> Prefer to self-describe	
Race & 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"/> West Asian, North African or Arab <input type="radio"/> South Asian <input type="radio"/> Southeast Asian <input type="radio"/> Multiple Races / Ethnicities <input type="radio"/> Prefer to self-describe <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 <input type="radio"/> Fax <input type="radio"/> Pager <input type="radio"/> Office <input type="radio"/> Other	Move In Year *	

Contact Information

Contact Type * <input type="radio"/> Court Appointed Guardian <input type="radio"/> Other <input type="radio"/> Myself <input type="radio"/> Parent		
First Name *	Last Name *	Email *
Phone Number *	Phone Type *	Emergency Contact * <input type="radio"/> Yes <input type="radio"/> No