

INTRODUCTION TO HOCKEY -- Registration Form

Registration Date _____

Player Information

| | |
|---------------------|--|
| First Name | _____ |
| Last Name | _____ |
| Date of Birth | _____ |
| Age as of 11/1/2020 | _____ |
| Jersey Size | Small/Medium Large/X-Large |
| Street Address | _____ |
| City | _____ State _____ ZIP Code _____ |

Parent/Guardian Information

| | |
|--------------------------|--|
| Parent/Guardian Name | _____ |
| Street Address | _____ City _____ State _____ ZIP _____ |
| Phone Numbers - Home | _____ Cell _____ Other _____ |
| Email Address | _____ |
| Parent/Guardian Name | _____ |
| Street Address | _____ City _____ State _____ ZIP _____ |
| Phone Numbers - Home | _____ Cell _____ Other _____ |
| Email Address | _____ |
| Emergency Contact Name | _____ |
| Emergency Contact Number | _____ |

Medical & Other Information

Please list any medical conditions, medications or other pertinent information below.

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