



## REGISTRATION FORM

Players Name \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Gender \_\_\_\_\_

Current Organization \_\_\_\_\_ Level this year \_\_\_\_\_ Position \_\_\_\_\_

Jersey Size: YM YL YXL AS AM AL AXL AXXL

T Shirt Size: YM YL YXL AS AM AL AXL AXXL

Home Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone(home) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Parents Name(if different than above) \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or other medial concerns/information \_\_\_\_\_

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### Payment Options

\_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Credit Card

Signature \_\_\_\_\_ Date \_\_\_\_\_