



Registration for Youth Inline Hockey

Date: _____ Session: _____

Name _____ D.O.B. _____ Age _____

Address _____

Phone(s) _____

Email Address _____

Parent Name(s) _____

Jersey Size YS YM YL YXL AS AM AL AXL

Has your child played inline or ice hockey before? Yes No

If yes, for what team(s) and how long? _____

Position(s) interested in playing: Offense Defense Goalie

Any additional comments or requests: _____

Parent Signature _____