



High Performance Program
Player Registration Form

PROGRAM ATTENDING (please check)

Male Under 14 _____ Male Under 15 _____ Male Under 16 _____

Female Under 15 _____ Female Under 18 _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different) _____

POSTAL CODE: _____ PHONE: _____

E-MAIL: _____ E-MAIL: _____

FAX: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ SHOT: _____ POSITION: _____

HEALTH CARD NUMBER: _____

MINOR HOCKEY ASSOCIATION/ CLUB: _____

PRESIDENT: _____ PHONE: _____

CURRENT CLUB/TEAM LEVEL (2009-2010): _____

LEAGUE: _____

COACH: _____ PHONE: _____

LAST YEAR'S CLUB/TEAM LEVEL (2008-2009): _____

LEAGUE: _____

COACH: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

PRINCIPAL: _____ PHONE: _____

MOTHER'S NAME: _____ BUSINESS PHONE: _____

FATHER'S NAME: _____ BUSINESS PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____