



High Performance Program
Player Registration Form

PROGRAM ATTENDING (please check)

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

Female Under 15 _____ Female Under 17 _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS(if different) _____

POSTAL CODE: _____ PHONE: _____

FAX: _____

E-MAIL: _____ E-MAIL: _____

(Please print emails clearly—camp details & information may be send via email)

DATE OF BIRTH: _____

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

MINOR HOCKEY ASSOCIATION/ CLUB: _____

PRESIDENT: _____ PHONE: _____

LAST YEAR'S CLUB/TEAM LEVEL: _____

LEAGUE: _____

COACH: _____ PHONE: _____

MOTHER'S NAME: _____ BUSINESS PHONE: _____

FATHER'S NAME: _____ BUSINESS PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____