**North Central Mass**

 Payment Method

 Cash:  Check: 

|  |  |  |
| --- | --- | --- |
| Check  No.: |  |  |
| Date: |  |  |
| Rec.  By: |  |  |

**Youth Hockey**

 **2015-­‐2016 Registration Form**

 **PLAYER/GUARDIAN GENERAL INFO**

Player  Last     First     MI     DOB:

Address       City     ST     Zip

Mailing  Address     City     ST     Zip

|  |  |  |
| --- | --- | --- |
| Parent/Guardian  #1  Last     Parent/Guardian  #2  Last      | First   First    |  |
| Par/Guard  #1  Home  #     Par/Guard  #2  Home  #  If  Diff       |
| Par/Guard  #1  Email      | Cell  #     |    |
|

|  |  |
| --- | --- |
| Par/Guard  #2  Email      | Cell  #     |

 |

|  |  |
| --- | --- |
|  Cell #  | Cell  #     |
|  |  |

 |    |
|  |  |  |
|    |  |  |
|  |  |  |

WHAT LEVEL, TRY OUT DATES & TIMES:

     Mite ADM ‘09 & Under Mite ‘08 & ‘07 Squirt ‘06-­‐‘05 Pee Wee ‘04-­‐‘03   Bantam ‘02-­‐‘01

MEDICAL INFO

Does The  Player  Have  Any  Medical  Conditions  We  Should  Be  Aware  Of? Is the Player  On  Any  Medications  Or  Under  Physician’s  Care?

       N     Y            If  Yes,  Please  Explain:

HOCKEY BACKGROUND

Best Position:        Next Best Position:  \_        Player Shoots     L R Has player played hockey before Y N

   If Yes: Which organization? How long?

RELEASE FORM MUST BE READ AND SIGNED BY PARENT/GUARDIAN

I understand a non-refundable Try-out fee of $100.00 is due on or before the first night of evaluations which will be applied to the 2015-2016 season.

   Signature:     Date:

*AWYH, GGYH & WYH together as* ***North Central Mass Youth Hockey***