



2018-2019 PLAYER REGISTRATION INFORMATION

PLAYER'S NAME _____ DATE OF BIRTH _____

ADDRESS: _____ SCHOOL DISTRICT: _____

SCHOOL/GRADE FOR 2018-2019 SCHOOL YEAR: _____

YEARS SKATING _____ POSITION: _____ SHOT: Right [] Left []

PLAYER EMAIL ADDRESS: _____ PLAYER CELL: _____

CURRENT TEAM: _____ USA HOCKEY NUMBER: _____

ORGANIZATIONS PLAYED (Please check all that apply):

EYHA HOUSE [] EYHA SELECT [] EYHA TRAVEL [] LADY LIONS [] TIMBITS [] MCDOWELL []

OTHER _____

DATE OF LAST PHYSICAL: _____

DATE/LOCATION OF LAST IMPACT TEST: _____

PARENT INFORMATION

PARENT/GUARDIAN NAME: _____ CELL NUMBER: _____

ADDRESS: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____ CELL NUMBER: _____

ADDRESS: _____ HOME PHONE: _____

EMAIL ADDRESS: _____