

Gateway Youth Hockey

Registration Form

Player Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____

Parent Approval to contact Participant via email (for children under the age of 13) Yes: No:

Parent Approval for child to have picture taken: Yes: No:

Guardian Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Guardian Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Division:

LTS: In-house (mite/squirt age)

Mite (8 and under) Squirt (9 and 10)

Pee Wee (11 and 12) Bantam (13 and 14)

Middle School (Grades 6-8) Midget (High School)

Play Goalie Position: Yes: _____ No: _____

LEAGUE USE ONLY	
CASH	
CHECK	
TOTAL PAID	