

# Strathcona Dragons Roller Hockey Club

## Player Registration Form

(Please Complete in full, information for club registration purposes)

Spring League **2018 (April 1-June 30)** Today's Date: \_\_\_\_\_

**Age category:** U6 (2011-12) U8 (2009-10) U10 (2007-08) U12 (2005-06) U14 (2003-04) U17 (2000-2002)

### Personal Information:

Name: \_\_\_\_\_ Age as of January 1, 2018 \_\_\_\_\_

Birthdate (MM/DD/YY): \_\_\_\_\_ Gender: (Circle) Male\Female

Parents Name(s): \_\_\_\_\_ Health Care #: \_\_\_\_\_

### Contact Information:

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Player Information:

Years of Inline Experience: \_\_\_\_\_ Last level of Ice Hockey (age Division & Tier): \_\_\_\_\_

Are you a Goalie? Y / N Are you interested in playing in Goal? Y / N Player Position: FWD / DEF

(players may have to play in all positions depending on roster)

**Goalies equipment is provided, regular NOT full right, including stick**

**Do you have any health condition that would interfere with participation on a hockey team? Y / N**

**If you are requesting to play with any specific player or coach you MUST complete this section:**

Players to play with: \_\_\_\_\_

Coach to play with: \_\_\_\_\_

### Parent Information:

Have you completed "Respect in Sport" Parent: YES / NO Would you be willing to coach?: YES / NO

Player Signature (optional) \_\_\_\_\_ Parent Signature (required) \_\_\_\_\_

**Registration Fee or Non Refundable Deposit must accompany this form**

#### FOR OFFICE USE ONLY:

Registration Fee: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

Method of Payment:

Cash: \_\_\_\_\_ Cheque: # \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

**NOTE: NSF cheques will cost you \$25.00**