



Strathmore Minor Hockey Association 2024/2025 Registration Form

Player Last Name: _____ Player First Name: _____ Player Gender: M / F

Player Date of Birth: _____ / _____ / _____
MM DD YYYY

Mailing Address - **YOU MUST INCLUDE YOUR POSTAL CODE:**

Street: _____

Town: _____ Postal Code: _____ - _____

If your mailing address is a P.O. Box Number you MUST provide a **physical address**

Phone number(s)

Home: _____ Mother's Cell: _____ Father's Cell: _____

I (meaning the player) have resided at the above mailing address since: _____
Month Year

Name of Mother, Stepmother or Guardian - _____

Name of Father, Stepfather or Guardian - _____

Email address MANDATORY _____

Information is emailed so please provide current emails or you might miss important notices!

Hockey History

Please complete the information below by following the example provided:

| Example: | | | |
|--|-------------|----------|------|
| STRATHMORE | U11 | B | |
| Association | Division | | |
| Team played for during the 2023-2024 Season: | | | |
| | Association | Division | Tier |
| Team played for during the 2022-2023 Season: | | | |
| | Association | Division | Tier |

GOALIES: This applies to *goalies only* in **U11, U13, U15 & U18**. Please check if trying out for goal

Dated: _____ Signature of parent or guardian: _____