

**ROCKY RIVER YOUTH HOCKEY  
NEW PLAYER APPLICATION 2018-2019**

Player's Name: \_\_\_\_\_

Player's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Mom email: \_\_\_\_\_ Dad email: \_\_\_\_\_

Program/Team played on last season: \_\_\_\_\_

Note:  
If you played in another CSHL program, you will need to request a release from that program before moving to the new program.

Level played last season:      Mite              Squirt              PW              Bantam

Position played: \_\_\_\_\_

Reason for applying to Rocky River Youth Hockey:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return completed application to [rryh1@hotmail.com](mailto:rryh1@hotmail.com)  
or mail to:      RRYH - New Player Application  
                    21018 Hilliard Blvd., Rocky River, OH 44116

**New player applications will be reviewed by the RRYH Advisory Council and Program Directors after our current player registration in April to determine acceptance.**