



North Central Mass Youth Hockey

Payment Method	
Cash:	<input type="checkbox"/>
Check:	<input type="checkbox"/>
Check No.:	_____
Date:	_____
Rec. By:	_____

2015--2016 Registration Form

PLAYER/GUARDIAN GENERAL INFO

Player Last _____ First _____ MI _____ DOB: _____
Address _____ City _____ ST _____ Zip _____
Mailing Address _____ City _____ ST _____ Zip _____
Parent/Guardian #1 Last _____ First _____
Parent/Guardian #2 Last _____ First _____
Par/Guard #1 Home # _____ Par/Guard #2 Home # If Diff _____
Par/Guard #1 Email _____ Cell # _____
Par/Guard #2 Email _____ Cell # _____

WHAT LEVEL, TRY OUT DATES & TIMES:

Mite ADM '09 & Under Mite '08 & '07 Squirt '06-'05 Pee Wee '04-'03 Bantam '02-'01

MEDICAL INFO

Does The Player Have Any Medical Conditions We Should Be Aware Of? Is the Player On Any Medications Or Under Physician's Care?

N Y If Yes, Please Explain: _____

HOCKEY BACKGROUND

Best Position: _____ Next Best Position: _____ Player Shoots L R

Has player played hockey before Y N

If Yes: Which organization? _____ How long? _____

RELEASE FORM MUST BE READ AND SIGNED BY PARENT/GUARDIAN

I understand a non-refundable Try-out fee of \$100.00 is due on or before the first night of evaluations which will be applied to the 2015-2016 season.

Signature: _____ Date: _____