

GREENWOOD MINOR HOCKEY REGISTRATION FORM

Child's Full Name: _____
Child's Birthday: _____
Address: _____
Phone Number: _____
Email Address: _____

Mother's name: _____
Mother's Phone Number: _____
Father's name: _____
Father's Phone Number: _____

Emergency Contact Name: _____
Relation: _____
Phone Number: _____

Regular Member (Military member): Yes/No
Associate (retired military member): Yes/No
Ordinary (civilian): Yes/No

Rec Card #: _____

Family Doctor: _____
Phone Number: _____

Health Card Number: _____
Allergies: _____
Injuries: _____

Permission to use photo's on Website/Facebook page or media Yes/No
Team last year: _____
Position played: _____

Office Use

Payment Type: _____
Notes: _____