



Youth 4on4 Tournament Registration Form

Player Information: (Please Fill out completely)		
Last Name:	First Name:	Middle Initial:
Address:		
City:	Province	Postal Code:
Birthdate: (MM/DD/YYYY)		Position:
Home Phone:	Cell:	
Email:	Alternate Email:	
Current/Previous Team of Play:		
Height:	Weight:	Shot: Left Right
Care Card #:		

Emergency Parent/Guardian/Contact Information: (Please Specify Two)	
1. First Name:	Last Name:
Relationship to Player:	Phone:
2. First Name:	Last Name:
Relationship to Player:	Phone:

Additional Information:	
Medial Concerns:	
Allergies:	
List Medications:	
<input type="checkbox"/> U7 Initiation Division	<input type="checkbox"/> U9 Novice Division

Payment Info:		
Credit Card #:	Expiry:	Cheque: #
Name on Card:	Authorize: Fee \$95 +Tax	