



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 \$85+tax | |