

IN-HOUSE HOCKEY PROGRAM ENROLLEMNT



Today's Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth - Month: _____ Day: _____ Year: _____

Mailing Address: _____ City: _____, CA.

Zip Code: _____ E-mail Address: _____

Cell Phone: _____ Home Phone: _____

PLEASE SELECT LEAGUE OF PLAY

All Participants must have the CURRENT year of USA Hockey registration to participate in any of these leagues. It is DUE upon enrollment.

YOUTH IN-HOUSE

- MITES (5-8 years old)
- SQUIRTS (9 & 10 years old)
- PEEWEE (11 & 12 years old)
- BANTAM (13 & 14 years old)
- MIDGET (15 - 18 years old)

ADULT IN-HOUSE

- BRONZE (Novice Level)
- SILVER (Recreational Level)
- GOLD (Competitive Level)
- MASTERS (Over 30)

ALL LEAGUES ARE CO-ED.

IF YOU SELECTED THE YOUTH IN-HOUSE, PLEASE FILL IN THE SECTION BELOW ↓

Parent Name: _____
 Parent Name: _____
 Emergency Contact Phone Number (besides 911) _____

IF YOU SELECTED THE ADULT IN-HOUSE, PLEASE FILL IN THE SECTION BELOW ↓

Emergency Contact Person _____
 Emergency Contact Phone Number (besides 911) _____

PLEASE READ AND SIGN BACK OF FORM