

**Southwest Community League Hockey Program
2009/2010 Registration Form**

Player's Name: _____ **Gender** _____

Address: _____ **Postal Code:** _____

Email Address: _____

Phone Number: _____ **Community League:** _____ **No:** _____

Birth Date: _____ **AHCIC#:** _____

Last Community League Played For: _____ **Year:** _____

Parents/Legal Guardians Names: _____

Emergency Contact: _____ **Phone#:** _____

Medical Conditions or Allergies: _____

Special Request: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Please make cheque payable to ROYAL GARDENS COMMUNITY LEAGUE.

Amount Paid: \$ _____ **Cash / Cheque#** _____