



2016-2017 REGISTRATION FORM

Registration Information:

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Phone#: _____ Player Email: _____ Level entering: _____

Parent Name(s): _____ # Years Experience: _____

Parent Email: _____ Alternate Email _____

Club/Team in 2015-2016 season _____ Level Played (circle) THL B A AA AAA

Desired Position _____ Are you currently registered with another club? _____

Do you need jerseys? _____ Current Raiders Jersey Number _____

Give 3 desired jersey numbers:

- 1. _____
2. _____
3. _____

Registration Fee \$200.00 (non-refundable) Due today:

- Check Number _____
Cash Receipt _____
Credit Receipt _____

Jersey Size

Adult S _____ M _____ L _____ XL _____
Youth S _____ M _____ L _____ XL _____

Shell Size

Adult S _____ M _____ L _____ XL _____
Youth S _____ M _____ L _____ XL _____

Sock Size

S _____ M _____ L _____ XL _____

All players must register on-line with USA Hockey. PLEASE PROVIDE COPY OF USA HOCKEY CONFIRMATION PAGE WHEN RETURNING FORMS or EMAIL: shaunna.craig@gmail.com

I, _____, Parent or Natural Guardian of the above-named Player, agree that I have read and signed the USA Hockey & Old York Road Raiders Ice Hockey Waivers of Liability and Parent Code of Conduct Forms and agree to be bound by each. I further agree that upon signing this Registration Form, I agree to register with the Old York Road Raiders Ice Hockey Club and shall be bound by all Bylaws, Rules and Regulations adopted by the Old York Road Raiders Ice Hockey Club.

Parent Name: _____ Parent Signature: _____ Date _____

Player Name: _____ Player Signature: _____ Date _____

USA Hockey Number: _____