

2010/11 REGISTRATION FORM
St. Charles Catholic School - Hockey Development Program

TO AVOID DISAPPOINTMENT - PLEASE REGISTER EARLY

Program Placement will be determined by Larry Bumstead, Director

PLAYER NAME: _____
ADDRESS: _____
CITY: _____ PC/ZIP: _____
PHONE: () _____ ALT. PHONE: () _____
MALE/FEMALE: _____ BIRTHDATE: (m) _____ (d) _____ (y) _____
AGE: _____ HEIGHT: _____ WEIGHT: _____
POSITION: _____ 2009/10 TEAM: _____
2008/09 TEAM: _____ # years playing: _____
HOCKEY SWEATER SIZE: YOUTH S M L XL MENS' S M L XL
EMAIL: _____

Please indicate if you are available to assist with skate tying as part of your VIP: _____

MEDICAL & GENERAL INFORMATION FORM

Parents' Name _____
Address _____
Player's Medical Insurance No. _____
Emergency Contact Name & Number: _____
Does your child have food or drug allergies? _____
If yes, what? _____

History of serious illness, injury or surgery? _____

Please list any helpful suggestions as to his/her health or treatment you wish to have on file _____

Other remarks _____

Please include a \$300.00 deposit (50 % of program cost) to secure spot: _____

FOR OFFICE USE ONLY: Receipt No. _____

Date Registration Received:	
Tuition	
Transportation	
Total	
Deposit 1	Date recieved:
Deposit 2	Date recieved:
Balance	