

DIDSBURY INLINE ASSOCIATION

2023 Registration Application

(PLEASE COMPLETE IN FULL)

All information on this form is strictly for the use of the league for registration purposes

Players Name:	
Address:	Season: 2023
City:	
Postal Code:	
Birthdate (DD/MMM/YY):	AHC#:
Parents Name(s):	
E-mail address(es):	
Age category: 8-U 10-U 12-U 14-	-U 17-U (Circle Your Choice - Child's age as of January 1, 2022)
Playing Position: goalie player	(Circle Your Choice)
Player Signature (optional) Registration	Parent Signature (required) Fee must accompany this form
FOR OFFICE USE ONLY:	
Registration Fee: \$	Parent Volunteer Information: Would you like to coach or assist in some way with a team?
Method of Payment: Cash:	
Cheque: #	
Date Payment Received:	Would you like to assist with the association in some capacity?