



WETASKIWIN INLINE HOCKEY ASSOCIATION

Registration Application

(PLEASE COMPLETE IN FULL, IN INK)

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

Players Name: _____

Today's Date: _____

Address: _____

Season: _____

City: _____

Cell Phone: _____

Postal Code: _____

Home Phone: _____

Birthdate (DD/MMM/YY): _____

AHC#: _____ (optional)

Parents Name(S): _____

e-mail address: _____

Age category: 8-U 10-U 12-U 14-U 17-U Junior (Circle Your Choice)

Playing Position: goalie player (Circle Your Choice)

Player Signature (optional)

Parent Signature (required)

Registration Fee must accompany this form

FOR OFFICE USE ONLY:

Registration Fee: \$ _____

Method of Payment:

Cash: _____ Cheque: # _____

Date Payment Received: _____

NOTE: NSF cheques will cost you \$25.00

Parent Volunteer Information:

Would you like to coach or assist in some way with a team?

Would you like to assist with the association in some capacity?