



2019/2020 PLAYER INFORMATION

Please Print Neatly

Player Name: _____ Age: _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Grade(as of Sept 2019): _____ School: _____

Mother's Name: _____ Phone: _____ Home/Cell Text Y or N

Mother's Email: _____

Father's Name: _____ Phone: _____ Home/Cell Text Y or N

Father's Email: _____

Other Emails you would like to receive correspondence: _____

NEW PLAYERS ONLY: Please list Hockey Experience:
(Brief description of years played, teams, camps, clinics, etc.) _____

Other sports and/or club activities participating in during the inline season (Sept/Mar): _____

UNIFORMS

Please Complete

****T-SHIRT SIZE****

Youth: S M L XL ADULT: S M L XL XXL

RETURNING PLAYER # _____

Circle One
Are you keeping this number this season? _____ Y or N

Do you need jerseys? _____ Y or N

BLUE _____ Y or N Size _____

WHITE _____ Y or N Size _____

Do you need pants? _____ Y or N

Size _____

NEW PLAYERS please pick 3 jersey numbers (first available number will be given to you)

#1 _____ #2 _____ #3 _____

By signing below, you acknowledge all information provided to be true and accurate. You also acknowledge the commitment fee made to Hampton Inline Hockey will be applied to your season fee and is considered to be non-refundable. You acknowledge you have read and are familiar with all rules and code of conducts put forth by HIH, HTSD, PIRHL, and AAU.

Parent/Guardian

Date

Player

Date