



Eastern Commonwealth Girls Hockey

Registration Form 2010-2011 Season

Player Information:

Name: _____
Email: _____
Date of Birth: ___/___/___
Street: _____
Town: _____
State/Zip: _____
Club/town played last season: _____
US Citizen: Yes No

Parent/Guardian 1 information:

Name: _____
E-Mail: _____
Home Phone Number: () _____
Cell Phone Number: () _____

Parent/Guardian 2 information:

Name: _____
E-Mail: _____
Home Phone Number: () _____
Cell Phone Number: () _____

Other Information:

Other E-Mail: _____
Parents/Guardians, are you willing to volunteer? Yes No
How would you like to help? _____

We hereby agree not to hold any of the skating rinks in which we play liable for any personal injury, damages or loss of property suffered by the above or by the undersigned arising out of or in connection with the Eastern Commonwealth Girls Hockey program or in the use of the skating rinks or facilities of those rinks used by the Eastern Commonwealth Girls Hockey program.

Player Signature

Parent/Guardian Signature