

# ABINGTON ICE HOCKEY Registration Form 2007-08

Please fill in the following information for our records: (please print)

Player Name \_\_\_\_\_ M F  
(circle one)

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in Sept \_\_\_\_\_ Player DOB \_\_\_\_\_  
(date of birth)

Primary E-mail Address (where you will look for Abington Ice Hockey notices)  
\_\_\_\_\_

Returning Player? Y N Jersey # \_\_\_\_\_ Number of years playing with Abington \_\_\_\_\_  
(circle one)

New player- Jersey Number preference- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Size \_\_\_\_\_  
(1<sup>st</sup>) (2<sup>nd</sup>) (3<sup>rd</sup>)

Do you need a NEW Jersey? Y N Home \_\_\_\_\_ Away \_\_\_\_\_ Size \_\_\_\_\_  
(circle one)

Number of years travel experience \_\_\_\_\_

If you are no longer playing for a travel club what level were you when you stopped playing travel? \_\_\_\_\_  
Please circle one - AAA AA A B In-house

Are you registered with another ICE HOCKEY CLUB? Y N  
(circle one)  
If YES, what club? \_\_\_\_\_ What level? \_\_\_\_\_  
AAA AA A B In house

Mothers Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Fathers Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

## WE NEED VOLUNTEERS!!!!

Fund raising committee \_\_\_\_\_ Clothing sales \_\_\_\_\_  
Banquet committee \_\_\_\_\_ Team Manager \_\_\_\_\_  
FALL Picnic \_\_\_\_\_

All information on this form will remain confidential. By signing this form you agree to meet your financial obligations to Abington Ice Hockey Club. (Only season ending injuries will receive prorated refunds)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_