

Woolwich Sledge Hockey 2019-2020

Participant (P)

Volunteer (V)

Registration

Jersey#

Name:	
Age:	
Date of Birth:	
Disability:	
Allergies:	
Parents Names:	
Siblings Names:	
Address:	
Email (s):	
Home phone:	
Cell phone:	
Sledge club affiliate - past or current:	
Current position played:	
Other position played:	
Number of years playing sledge:	
Emergency contact name:	
Emergency contact Phone Number:	

On ice

Off ice

Information verified by:

Date:

Equipment Deposit cheque received: