

KELOWNA MINOR HOCKEY 2020/2021 NEW PLAYER APPLICATION FORM

Player's Name and address: _____ _____ _____ Postal Code: _____	Medical Card #: _____ Birth Certificate #: _____ Date of Birth (<i>mm-dd-yyyy</i>) _____ Age: _____ (<i>for 2020/21 season</i>) Division: _____
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Playing position: (Goalie / Forward / Defence)	Shoots:	Gender:
REP Team Tryout: _____ Atom Dev: _____	L R	Male Female

Home Ph: _____	Cell Ph: _____
Email (essential for receipt distribution) _____	
Last year's team (if applicable): _____	

Parent #1: _____	Parent #2: _____
Address: _____ (if different from above)	Address: _____ (if different from above)
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Home Ph: _____	Home Ph: _____
Work Ph: _____	Work Ph: _____
Cell Ph: _____	Cell Ph: _____
Email: _____	Email: _____

Person to contact in case of accident or emergency, if parent not available:	
Name: _____	Phone: _____