

Massapequa Hockey Club

PLAYER INFORMATION FORM

2017-2018 SEASON

MASSAPEQUA CHIEFS ICE HOCKEY

M Middle School

Ju Varsity

(please print)

First Name: _____ Last Name: _____

Date of Birth: _____ AAU # _____

School attending: _____ Grade in Sept. 2017: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Mother's Name _____

Mother's Cell: _____

Mother's Email: _____

Father's Name: _____

Father's Cell: _____

Father's Email: _____

Player's Cell: _____

Player's Email: _____

Do you play for a travel team _____ Name of team _____

OFFICE USE ONLY:

Birth Certificate: _____ School ID: _____ NYSCSH Consent to Treat: _____ NYSCSH Waiver of Liability: _____

HSHLNC Parent Code of Conduct: _____ HSHLNC Player Code of Conduct: _____ TOB Zero Tolerance Policy: _____

Initial team fee: \$250-cash/check no. _____

