

OYHA
Player Information Page

Name of Skater: _____
Birth Date: _____
Level Registering: _____
School Grade: (this season) _____

Hockey Level Played Last Year? (Circle Below. If Park & Rec. circle level passed)

<u>Park & Rec</u>	<u>Squirt/10U</u>	<u>PeeWee/12U</u>	<u>Bantam/14U</u>
1 2 3 4			

Parent/Guardian(s):

Name: _____
Phone Home: _____
Cell Phone: _____
E-Mail: _____
E-Mail: (if more than one) _____
Texting Available? Y / N (circle one)

Name: _____
Phone Home: _____
Cell Phone: _____
E-Mail: _____
E-Mail: (if more than one) _____
Texting Available? Y / N (circle one)

Is there anything else the Coaches should be aware of? Any Allergies? Medical Issues? Concussions? Or anything else you can think of that may be helpful.... _____
