

Merrill Youth Hockey Association

Registration Form

Please PRINT clearly

Player's Name: _____
Birthdate: _____ Nickname: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Last Year Level of Play: _____

Parent 1

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work: _____
Cell: _____
Email: _____

Parent 2

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work: _____
Cell: _____
Email: _____

Additional Contact in case of an Emergency

Name: _____ Relationship: _____
Phone: _____

(For office use only)

USA Hockey Number _____
Level of play: LTS Mini Mite Squirt PeeWee Bantam
Payment: Amount due: _____ Amount received: _____
Hockey Cards given: _____ Payment: _____ Date: _____
Payment: _____ Date: _____
Payment: _____ Date: _____
Payment: _____ Date: _____