



NIAGARA DISTRICT PROGRAM

Name		
Address		
Email		@
Additional Email		@
Home Phone		
Cell Phone		
Current Club		
Date of Birth:	____/____/____ (DAY / MONTH / YEAR)	Gender Boys <input type="checkbox"/> Girls <input type="checkbox"/>
Emergency Contact:	Phone:	

Office Use Only		
\$25.00 Payment	Shirt Color	Shirt Number
Cash <input type="checkbox"/> Other <input type="checkbox"/>	Red / Yellow / Blue / Grey	_____
For Admin. use only		
Pass Covid screening. <input type="checkbox"/>		
Who did player come with? 		