

___U7

2022 PLAYPRO HOCKEY





Please indicate which divison your child is presently playing

PLAYER INF	<u>ORMATION</u>		
Name:		Age: D.O.B:	
Address:			
	Forward		Goaltender
Medical /Allo	ergies:		
Jersey Size:	Youth Small Youth Med Youth Large Youth XL		
	Adult Small Adult Med Adult Large		
Jersey #	1 st Pick 2 ND Pick		
EMERGENCY	CONTACT Parent/Guardiar	n Information (If under th	<u>ne age of 18)</u>
Name:	Cell #:		
Email:			
the hockey programs/cd expenses, claims, dema we will strive to offer th mission to be photograp	ing does not accept responsibility for injury, loss, da umps and the under signed person hereby agrees to r nds, and suits whatsoever on account or in respect o he safest environment possible, we ask for your under whed and videotaped and understand PlayPro Staff a gree to the above waiver:	elease, indemnify and save harmless the a f any such injury, loss, damage or acciden estanding of risk and injury during hockey	bove mentioned, against any and all loss, costs, at. Hockey is a game of contact and risk and while training programs. By signing you also give per-
Signature:		Date:	
Contact	: Ben 638-2793 OR Craig 638 0	955 Email: co	oach@playprohockey.ca

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