



Venom Inline Hockey Club

PLAYER INFORMATION

Name: _____

DOB: ____/____/____

Address: _____

City: _____ State: _____ Zipcode: _____

Position:

Forward _____

Defense _____

Goalie _____

Jersey Size _____

Shirt Size _____

Pant Size _____

Jersey Number

1st choice _____

2nd choice _____

3rd choice _____

PARENT INFORMATION

Father: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone _____

Email: _____

Mother: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone _____

Email: _____

I accept a position on the VENOM In-line Hockey Club.

Player Signature Date

Parent Signature Date

Parent Signature Date

PLEASE NOTE TEAMS FEES ARE NON-REFUNDABLE