



**HEAVY METAL
HOCKEY**

heavymetalhockey.com



HEAVY METAL HOCKEY SUMMER PROGRAM

PLEASE PRINT & COMPLETE THE FORM BELOW

Player Information:

Full Name: _____

Birthdate: _____

Gender: _____

Current Team or Association: _____

Position: Skater or Goalie

Parent #1 -

Full Name: _____

Email: _____

Phone Numbers-

Cell: _____

Work: _____

Home: _____

Parent #2 -

Full Name: _____

Email: _____

Phone Numbers-

Cell: _____

Work: _____

Home: _____

Alternative Emergency Contact (if Parents are unable to be reached):

Name: _____

Relation: _____

Phone Number: _____