Moorestown Quakes Ice Hockey Club

Fall/Winter 2011-2012 Season - Registration Form

Level Registering For:
☐ High School
☐ Middle School

PLAYER INFORMATION

Name: _____
Player First Name *Player Last Name*

Address: _____
Street *City* *State* *ZIP*

Player Phone Numbers: _____
Player Home Phone *Player Cell Phone*

USA Hockey Registration Number (effective 8/31/11): _____

Player Email Address: _____

Birth Date: _____ Age: _____

School: _____ Grade (Fall 2011): _____

Current or Most Recent Hockey Team: _____

Position Played: _____

Health and Medical Conditions We Should be Aware of (injuries, limitations, conditions, medications, allergies, etc.):

_____

☐ *Check here Continue on Reverse if Needed →*

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Information

_____
First Name *Last Name* *Relationship* *Home Phone* *Cell Phone*

_____
Address *Email Address*

Parent/Guardian 2 Information

_____
First Name *Last Name* *Relationship* *Home Phone* *Cell Phone*

_____
Address *Email Address*

JERSEY INFORMATION

** Returning Fall/Winter players will keep their same numbers.
** All new players and returning Middle School players moving to High School please complete jersey order form.