Shaler Area Inline Hockey

Please write above the line.

Players Name	Social Security Number (For Insurance Purposes)	Birth Date
Address	City, State and Zip Code	
Parents or Guardian Name	Active E-Mail Address	
Home Telephone Number (including area code)	Business Telephone (including area code)	Cell Phone (including area code)
School Attending – September 2008	Grade Attending – September 2008	
Hospitalization Insurance Company – Policy Numbers		
Special Medical Conditions – for example – Asthma or Allergies		
Emergency Contact Person	Relationship	
Address	City, State and Zip Code	
Home Telephone Number (including area code)	Business Telephone (including area code)	Cell Phone (including area code)

Returning Player Yes No If yes, Jersey # and Size If no, select a #. 1st choice / 2nd choice Jersey Size

If new player, list player's experience (Dek Hockey, Ice Hockey, Inline Hockey, Street Hockey – Organized or Recreational

Are you interested in playing goalie? Yes No If yes, do you have goalie equipment? Yes No

Parent or Guardian: Would you like to volunteer your services?

__ Coaching __Fundraising __Homecoming __Create Banquet Program Other: _____