

Hockey Program Registration Form 2017-2018

Personal Information

Student Athlete Legal Name: _____
Mailing Address: _____ Grade (as of Sept '17): _____ Age (as of Sept '17): _____
City: _____ Prov: _____ Postal Code: _____ Gender: _____
Home Phone: _____ Birth Date (yyyy/mm/dd): _____
Current School: _____ School District: _____

Sports Information

Club Association: _____ Please Circle (for 2017/2018 season): Atom/PeeWee
Position(s) Played: _____ How many years played? _____
Last Coach's Name: _____ Last Coach's Phone Number: _____

Signatures

Parent/Guardian Signature

I grant my son/daughter permission to participate in the Westmount Hockey Program for the 2017/2018 school year. I certify that all information on this application is true and complete.

Parent/Guardian Name (please print): _____
Signature: _____ Date: _____
Parent's E-mail: _____ Cell Phone: _____

Financial Information

Registration Fee\$400.00

Registration Fee includes 50 hours of ice times, transportation to and from Strathmore Family Center and coaching. Registration fee is due at time of registration. Please make cheque payable to Westmount School.

Registration Information

We are capping our program at 50 student athletes and your registration will be accepted beginning Tuesday, May 16 at 8:00 am. Full payment must accompany this registration form.