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***Lethbridge Lightning Senior AA Hockey - REGISTRATION FORM***

*Training Camp 2021-2022*

**Please fill out the form completely.**

**Bring your Fees, Health Care #, and Birth Certificate to the first ice time you attend.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: Month: \_\_\_\_Day: \_\_\_\_Year: \_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV: \_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_

PHONE: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT: \_\_\_\_\_\_\_\_ HEIGHT: \_\_\_\_\_\_\_\_ SHOT: Left \_\_\_\_\_\_\_\_\_ Right \_\_\_\_\_\_\_\_\_\_

BEST POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECOND BEST POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION YOU ARE TRYING OUT FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST TEAM CARDED WITH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_

LAST COACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JERSEY SIZE: XXL \_\_\_\_\_\_ XL \_\_\_\_\_\_ L\_\_\_\_\_\_ M \_\_\_\_\_\_ GOALIE CUT \_\_\_\_\_\_

HEALTH CARE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL PROBLEMS OR ALLERGIES (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU CURRENTLY WORKING OR GOING TO SCHOOL? (LOCATION):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The registrant agrees that the Lethbridge Lightning Senior AA Hockey Club will not be held responsible for any accident or loss however caused and agrees to release the Lethbridge Lightning Senior AA Hockey Club from any and all claims or damages that may arise as a result of such accident or loss.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE OR PERMISSION TO TRYOUT:

**Lethbridge Lightning Senior AA Hockey Club**
366 Heritage Blvd W.
Lethbridge, Alberta, T1K 7M5