



PORTLAND MIDDLE SCHOOL HOCKEY REGISTRATION FORM

PLAYER INFORMATION

Gender: Male Female

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ School Attending: _____ Grade: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Typical Position: (Circle One) Forward Defense Goalie

Are you currently registered with USA Hockey? YES NO

USA Hockey Registration # _____

Are there any medical conditions that we should be aware of? YES NO

If yes, please explain. _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Parent/Guardian Name: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____