

WARD MELVILLE ICE HOCKEY CLUB

Player Information: Name: ______ Birth Date: _____ Cell Phone: _____ Grade Level in the Fall of this Year: _____ School District: Jr. High or High School: _____ Graduation Year: ____ **Hockey Information:** Years Played: _____ Years of Skating on Ice: ____ Position Preference: _____ Do you play travel hockey? YES NO If yes, what team/level? _____ Parent or Guardian Information: Name(s): _____ Relationship: _____ Cell Phone: _____ Email (1): _____ Email (2): Additional Information: ______