

**THE CHIPPAWA RIVERHAWK'S 2010 - 2011 REGISTRATION FORM
TRAINING CAMP FEE \$75.00 FOR NEW & \$40.00 FOR RETURNING PLAYERS**

"Please Print All Areas of This Form"

Fill in both addresses complete if you are from out of town and staying at a local resident for school.

1st address is where you are staying if from out of town, 2nd is your actual home address.

TRYOUTS THIS SEASON WILL BE AT OUR NEW HOME, THE NEW GALE CENTRE ARENA

NAME: _____

ADDRESS: _____

CITY: _____ **PC:** _____

PHONE #: _____ **email:** _____

HOME ADDRESS: _____

CITY: _____ **PC:** _____

PHONE #: _____ **Cell Phone:** _____

WHAT SCHOOL DO YOU ATTEND: _____

WHAT YEAR ARE YOU IN AT THIS SCHOOL: _____

AGE: _____ **BIRTH DATE:** mth: _____ day: _____ yr: _____ **HEIGHT:** _____ **WEIGHT:** _____

POSITION: (Check one of the following) **FORWARD:** _____ **DEFENCE:** _____ **GOALIE:** _____

PARENT/GUARDIAN NAME: _____

PHONE #: _____

Last 2 Teams you signed for & year _____

HEALTH CARD #: _____

All answers to the above are answered honestly and to the best of my ability.

Paid by: Cash _____ Cheque _____ (Cheques made payable to Chippawa Riverhawks)

Signature: Participant: _____

or Parent/Guardian: _____

Please forward all registrations and fee to Winston Auld, 6462 Caledonia St. Niagara Falls, ON L2G 5A3 or e-mail winston.auld@cogeco.ca Please send fees and forms prior to camp opening Aug. 30th at 7pm Further schedule will be handed out at camp. Thanks for your cooperation. Registration starts at 5:30pm No player will be allowed on the ice, without Full Face Mask, Full Protective Equip. & Fees Paid in Full. First Practice at the New Gale Centre Aug. 30th, 7pm, 2nd Sept. 1st 8:30pm & 3rd Sept. 2nd 8:30pm