## Viper/ Viper Star Registration Form 2011 – 2012

Birth date		Mair	n Phone				
mm	dd y	<b>y</b>					
NameLast						_ Male	Female
Las	t		First		Middle		
	dress						
State Zip		<b>201</b>	1-12 USA H	ockey IMR	#		
Parents/Guardians					(Available April 1)	)	
(1)		(Name)	Cell		email		
					(Name@somewhere.com)		
(2)			Cell email				
(Name)					(Name@somewhere.com)		
Player is trying out for	or: Tier I	(AAA)	AA, A, or l	B level playing	g in PAHL		
What position?		Goalie	D	efense	Forward	Either F or D	
What Division?	Squ	irt I	Peewee	Bantam	Midget	Girls Team	
Did player play for N below)	ЛНАНА (Vip	oers/Viper St	ars) this past	season? 🗯	Yes (go to yes be	elow) <b>6</b> No (C	Go to No
If yes:	□ Travel	□ IP?	□ In-hou	ise?			
If no (P	layer di	d not pl	ay for NI	HAHA, P	Pittsburgh <b>V</b>	/ipers/Vip	er Stars):
Did player play for a	another <u>ama</u>	<u>teur</u> organi	zation this pa	st season?	<b>4</b> Yes	<b>š</b> No	
What other	amateur or	ganization?	,				
Division?	Mite	Sauirt	Peewee	Bantam	Midget U16	Midget U	J18
		-			_		
	В	A Minor	A Major	AA	AAA (Igr	iore Gold/Blac	k subdivisions)
If player did not pla	y for any A	MATEUR	organizatio	n last season	, we need 3 year	rs prior exper	ience:
What schoo	l team?				_Level?	(last	yr)
What schoo					(Fresh. / JV./ Vars Level?	(2 Yr	rs ago)
What schoo					(Fresh. / JV./ Varsi Level? (Fresh. / JV./ Varsi	(3 Yr	rs ago)

If player has never played ice hockey and you have not replied YES above, on the back please indicate what experience player has had: including learn to play hockey, learn to skate, deck hockey, inline hockey, etc. and how many years.

Medical Does player require medication/Special medical Treatment Yes No If Yes, please explain on the back.