Viper/ Viper Star Registration Form Girls Team 2011 – 2012

Birth date yy	Main Phone	,		_
mm dd yy				
Name				
NameLast		First	Middle	
Address		Ci	ty	
State Zip	2011-12 US	SA Hockey IMR #	<u>‡</u>	
Parents/Guardians			(Available April 1)	
(1)	Cell		email	
	(Name)			(Name@somewhere.com)
(2)	Call		i1	
(2)	(Name)		email	(Name@somewhere.com)
				· /
What position?	Goalie	Defense	Forward	Either F or D
Will player also be trying out to play on a Viper Boys team? Yes No				
The state of the s				
If yes, what Division?	Squirt	Peewee Ba	antam Midg	get
Will player be trying out or playing for any other team with any other association? Yes No				
If yes, what association and what team?				
Did player play for NHAHA (Vipers/Viper Stars) this past season? Yes (go to yes below) No (Go to No below)				
IC		1 0 5	2:10	
If yes: □ Travel	□ IP? □ I	n-house? □ (irls?	
If no (Player did not play for NHAHA, Pittsburgh Vipers/Viper Stars):				
Did player play for another amate	ur organization tl	his past season?	4 Yes	≰ No
What other <u>amateur</u> organization?				
Division? Mite	Squirt	Peewee	Bantam	
Mide	get U16 Mid	get U18	Girls	
Wilde	, et e l'original		Sirio	

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.