

**North Hills Amateur Hockey Association**  
**Viper Mite ADM Registration Form**  
 American Developmental Model  
 2011 – 2012

**Player:**

Birth date            -            -             
mm                      dd                      yy

Main Phone: \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ **2011-12 USA Hockey IMR # \_\_\_\_\_**  
(Available April 1)

Parents/Guardians:

(1) \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_  
(Name) (Name@somewhere.com)

(2) \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_  
(Name) (Name@somewhere.com)

Please check what experience this player has had. (May check more than 1)

- ☐ Played on a travel team last season for \_\_\_\_\_  
(Name organization if not the Vipers)
  - ☐ Played in IP for the Vipers
  - ☐ Played in In-House for the Vipers
  - ☐ Played in a Developmental program for another organization \_\_\_\_\_  
(Name organization)
  - ☐ Played in a Little Penguin program at \_\_\_\_\_
  - ☐ Took Learn to Play Hockey lessons at \_\_\_\_\_
  - ☐ Took Skating Lessons at \_\_\_\_\_
  - ☐ No lessons, but have had parents/friends teach player how to skate

If none of the above applies, please tell us what experience this player has had.

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**Medical:** Does player require medication/Special medical Treatment    ☒ Yes    ☐ No    If Yes, please explain.

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**Send to: Dave Burkett, 217 Beverly Dr., Lower Burrell, PA 15068. Questions? [daveburkett8484@gmail.com](mailto:daveburkett8484@gmail.com)**