**Quinte Regional Minor Hockey Association** www.quintedevils.com

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| **Registration Form** | quinte logo |

Player Name: Click here to enter text.

Team: Choose an item.

**Date of Birth:** Day: Enter day here. Month: Choose Month Year: Enter Birth year.

Street Address: Click here to enter text. City/Town: Click here to enter text.

Postal Code: Click here to enter text. Home Phone: Click here to enter text.

Position: Choose an item. Shoots: L  R

Home Centre: Click here to enter text.

Team played for last year: Click here to enter text.

Height: Enter height here.(ft-in) Weight: Enter Weight here.(lbs)

Mother’s Name: Click here to enter text.   
Father’s Name: Click here to enter text.

Business/Work Phone #: Mother: Click here to enter #. Father: Click here to enter #.

Cell Phone #’s: Mother: Click here to enter #. Father: Click here to enter #.

Player: Click here to enter #.

Email Addresses: Mother: Click here to enter address.

Father: Click here to enter address.

Player: Click here to enter address.

FAX # (optional): Click here to enter text.



**Alternate Emergency Contact (if parents are not available)**

Name: Click here to enter text.   
Relationship to Player: Click here to enter text.

Home Phone #: Click here to enter #. Cell Phone #: Click here to enter #.

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| **Send to:** (by email) **QRMHA** Attn: Executive Assistant of Administration  [info@quintedevils.com](mailto:info@quintedevils.com)  Or… print and bring this form when you register. | **Be sure to have:** “**Permission to Skate Form**” □  from your Home Centre,  as well as a copy of your  “**Birth Certificate**” □  “**Payment Received**” □ |