**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 #.

Email Addresses: Mother: Click here to enter address.

 Father: Click here to enter address.

 Player: Click here to enter address.



 **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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| **1. Print and bring to the Pre-Registration or…****2. Send by email to:** **QRMHA -** Attn: Lesley Turcotte - Executive Assistant of Administrationinfo@quintedevils.com | **At tryouts, be sure to have:**“**Permission to Skate Form**” □ from your Home Centre,“**Payment Received**” □ |