



Pond Hockey Club (PHC)

Player Registration Form

Athlete Information

Name	
Date of Birth	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Shooting Hand	<input type="checkbox"/> Left <input type="checkbox"/> Right
Position(s)	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Both <input type="checkbox"/> Goalie
Years of Hockey Experience	
Current Team/Level (if applicable)	
Current School	
Email	

Parent/Guardian Information

Name	
Relationship to Player	
Full Address	
Phone (Primary)	
Phone (Alternate)	
Email	

Emergency Contact (if different from above)

Name	
Phone	
Relationship	



Medical and Health Information

Health Insurance Provider	
Policy Number	
Physician Name	
Physician Phone	
Known Allergies (e.g., food, medication, insects)	
If severe, does player carry EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions (e.g., asthma, diabetes, concussion history)	

Emergency Medical Consent

In the event of a medical emergency, I authorize camp staff to seek necessary treatment for my child.

Parent/Guardian Signature	
Date	