



# GKGHA - KINGSTON ICE WOLVES Tryout Registration Form



Last Name: \_\_\_\_\_

Tryout Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Division:	Novice	Atom	Peewee	Bantam	Midget	Intermediate
	B	B	BB	BB	BB	A
		A	AA	AA	AA	

Position Trying Out For: \_\_\_\_\_

Shoots: Left Right

Last Years Association: \_\_\_\_\_

Division: \_\_\_\_\_

Level: \_\_\_\_\_

Tryout Fee Paid: Yes No

Permission to Skate Required: Yes No If Yes, Received: Yes No

Do you have any outstanding league fees: Yes No

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Parent Signature