

NHL Street Summer 2024 Activity Registration

Primary Contact (account holder information)

Parent/Guardian Name: _____

Mailing Address: _____ Postal Code: _____

Mailing Address Street 2: _____ Postal Code: _____

City/Province: _____ Phone No.: _____

Email Address: _____

Additional Information: _____

Interest in coaching? Yes No

Secondary Contact information

Parent/Guardian Name: _____

Phone No.: _____ Email Address: _____

Additional Information: _____

Interest in coaching? Yes No

Payment Information:

Registration Cost: \$40 Visa Mastercard

Name: _____ Account #: _____

Expiry Date: _____ CW: _____

Bank Account:

Institution Number: _____ Transit Number: _____

Account #: _____ Void cheque attached Paid cash

Name	Signature	Date
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Submit form at The Lunenburg County YMCA (75 High Street, Bridgewater NS)

Signed waiver(s) included



Player Information

First Name: _____ Last Name: _____

DOB: _____ Gender Identity: _____

Race Ethnicity: _____

Jersey Size: Youth Small Youth Medium Youth Large Youth XLarge
 Adult Small Adult Medium Adult Large Adult XLarge
 Adult 2X Large

Grade: _____ Age: _____ School: _____

Dominant Hand: Left Right Ambidextrous

Height: _____

If you know of a coach for this program who's team you'd like this player to be on, please list their first and last names:

1. _____

If you know of another child registering for this program, that this player would like to be teamed with, please list their first and last names (maximum of two requests):

1. _____

2. _____

On a scale of 1 to 10, please list this players previous hockey experience for their age (with 1 being never heard of hockey before, and 10 being someone who'd played hockey at a top level for several years):

- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

On a scale of 1 to 10, please list this player's athletic ability for their age (with 1 being not very athletic, and 10 being a star athlete):

- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Additional information you'd like to let us know:

