



**HOMETOWN HOCKEY TRAINING AND DEVELOPMENT  
SPRING 3 ON 3 LEAGUE PLAYER REPLACEMENT FORM  
2010**



**CONTACT INFORMATION**

Player's Name: ..... Parent's Name: .....  
 Date of Birth: M...../D...../Y..... Mailing Address: .....  
 Male  Female .....  
 Position:  Forward  Defence  Goaltender .....  
 Number of Years Playing: ..... Home Phone: .....  
 Current / Recent Team: ..... Cell Phone: .....  
 Level:  HL  Select  MD  A  AA  AAA Work Phone: .....  
 Shoots:  Left  Right Email Address: .....

**MEDICAL INFORMATION**

Family Doctor: ..... Health Card #: .....  
 Emergency Contact Name: ..... Emergency Home Phone: .....  
 Relationship: ..... Emergency Cell Phone: .....  
 Medical Conditions: .....  
 .....  
 .....

# HOMETOWN HOCKEY

I, being the parent or legal guardian of the child herein registered, do authorize by my signature below to permit Hometown Hockey Training and Development Inc and its staff to seek out and obtain any necessary medical attention in the case of accident or injury during the program. It is further agreed that the operator of this hockey program is released from all claims from damage that may arise from any accident, injury, damage or loss, which is caused by or arises from participation of the applicant herein during the program or in any location where the program is being held.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_