



Santa Clara Valley Hockey Association

Registration Form – Pee wee AA

PLEASE PRINT CLEARLY AND LEGIBLY

• Player's Name _____

Date of Birth _____ Male Female

USA Citizen: Yes No* If No, What Country _____

(* Must provide copy of Birth Certificate, copy of valid visa, and evidence of residency)

Home Address _____

City _____ Zip _____

Home Phone (____) _____

• Player's Father _____

(if different than Player's address)

Home Address _____

City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____

E-Mail Address _____

• Player's Mother _____

(if different than Player's address)

Home Address _____

City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____

E-Mail Address _____

Position: Goalie Defense Forward

Shoots: Left Right

2006-2007 Team: _____

If current Blackhawk, what was your jersey number last season? _____

Parent/Guardian – in what capacity are you willing to volunteer?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Team Director | <input type="checkbox"/> Team Manager | <input type="checkbox"/> Team Parent |
| <input type="checkbox"/> Team Reporter | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Awards Ceremony |
| <input type="checkbox"/> Team Webmaster | <input type="checkbox"/> Other _____ | |