



Central Development Hockey League **REGISTRATION FORM**

PLAYER SECTION

FIRST NAME		LAST NAME		
ADDRESS		DATE OF BIRTH		
CITY	POSTAL CODE		PROV.	
EMAIL	PHONE #			
POSITION	HEIGHT	WEIGHT	SHOOTS	
2014/15 TEAM			LEVEL	
INJURIES WITHIN THE LAST 12 MONTHS				
ALLERGIES				

PARENT SECTION (required if player is under the age of 18)

PARENT FIRST NAME		LAST NAME		
SIGNATURE				
ADDRESS (IF DIFFERENT FROM PLAYER)				
CITY	POSTAL CODE		PROV.	
EMAIL	PHONE #			

**The CDHL is a non-contact development hockey league/program.
All CDHL participants acknowledge the risk of being injured while playing the game of hockey.**