



AAA U15
SPRING ID CAMP REGISTRATION FORM

NAME: _____

HEIGHT: _____ WEIGHT: _____

BIRTHDATE: YEAR _____ MONTH _____ DAY _____

STREET/BOX: _____

TOWN/CITY: _____ POSTAL CODE: _____

PARENTS/GUARDIANS: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

PERSONAL HEALTH I.D. NUMBER: _____

HOCKEY INFORMATION

2021-2022 TEAM: _____

HEAD COACH: _____

POSITION PLAYED: _____

SHOOTS: _____

HONORS/AWARDS RECEIVED: _____

WILL YOU BE ATTENDING THE ID CAMP? (CHECK ONE)

____ YES I WILL BE ATTENDING

____ NO I WILL NOT BE ATTENDING

IF NO, PLEASE PROVIDE REASON: _____

Please return to Brett Pearson brett.pearson@hudsonbayminerals.com