

WEST VIRGINIA VIPER REGISTRATION FORM

Player name: _____ DOB: _____

Grade: _____

School: _____

Position: _____ (ex Forward/Defense/Goalie) Years playing: _____

Current team: _____ Level: _____

(e.g. AA, UA, LA, House)

Address: _____

City _____ State _____ Zip code _____

Parent/Guardian:

Name: _____

Cell: _____

Email: _____

Relationship to Player: _____

Parent/Guardian:

Name: _____

Cell: _____

Email: _____

Relationship to Player: _____

Allergies/Medical Conditions we need to be aware of? Yes or No

If yes, please explain: _____

USA Hockey Number: _____