



## **Winter Club Application** **Player Information**

Full Name:	
DOB:	
Address:	City:
State/Province:	Zip:
Position:    D        F        G	Shot:    L        R
2022/ 2023 Team:	Level/ Tier:
<b>Sizing</b> (Circle one)	
Jersey:    YXL    S        M        L        XL	Hoodie:    YXL    S        M        L        XL
T-Shirt:    YXL    S        M        L        XL	Pant/ Shorts:    YXL    S        M        L        XL
<b>Medical Information</b>	
Any medical restrictions or allergies:	
Current Injuries:	
Past Injuries:	
Additional Notes:	
<b>Social Media</b>	
Instagram:	
Twitter:	
Tik Tok:	



## Parents / Guardians

Father/Guardian Name:
Cell Phone:
E-mail:
Mother/Guardian Name:
Cell Phone:
E-mail:

## WC Questionnaire

Why will the Winter Club be a great fit for your players in-season training?

Where is your player's current focus and long term goals within the sport?

How will our staff know that the players character is positive to the WC atmosphere?

Any additional information is greatly appreciated:

Our staff looks forward to our follow-up call to complete the inquiry and answer any questions regarding the WC. Please return application to [ontophockey@gmail.com](mailto:ontophockey@gmail.com)