



**Players Information**

Name:	
DOB:	Gender (M or F):
Address:	City :
State/Province:	Zip Code:
Position:	Shot:
Jersey Number (Pick 3)	Jersey Size:
Years Training or Playing for OT/ EH:	Sock Size:
Any medical restrictions or allergies:	Hoodie/ Shirt Size:

**Parent/Guardian Information**

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

**Favorite Player:**

**Skill that you bring:**

**Playing Style:**

**Skill that needs development:**

\*\* Please include players stats from the current or previous season. New players, video would be appreciated.

**Return Completed Page: [ontophockey@gmail.com](mailto:ontophockey@gmail.com)**