



DIDSBURY INLINE ASSOCIATION

2022 Registration Application

(PLEASE COMPLETE IN FULL)

All information on this form is strictly for the use of the league for registration purposes

Players Name: _____ Today's Date: _____

Address: _____ Season: **2022** _____

City: _____ Cell Phone: _____

Postal Code: _____ Home Phone: _____

Birthdate (DD/MMM/YY): _____ AHC#: _____

Parents Name(s): _____

E-mail address(es): _____

Age category: 8-U 10-U 12-U 14-U 17-U (Circle Your Choice - Child's age as of January 1, 2022)

Playing Position: goalie player (Circle Your Choice)

Player Signature (optional)

Parent Signature (required)

Registration Fee must accompany this form

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FOR OFFICE USE ONLY:

Registration Fee: \$ _____

Method of Payment:

Cash: _____

Cheque: # _____

Date Payment Received: _____

Parent Volunteer Information:

Would you like to coach or assist in some way with a team?

Would you like to assist with the association in some capacity?