

2019 LCHA SPRING YOUTH HOCKEY

(517) 548-4355

2019 Player Registration Form

Livingston County Hockey Association, 970 Grand Oaks Drive, Howell, MI 48843

Player's

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: Male / Female
(mm/dd/yyyy) (circle one)

Address: _____

City: _____ Zip: _____

Parent's Names: _____
Father's Mother's

Phone: _____
Father's Mother's

E-Mail: _____
Father's Mother's

USA Hockey Confirmation No _____

Check box:

LEARN TO SKATE

| Office Use Only | |
|-----------------|-------|
| USA | _____ |
| BC | _____ |
| C / CK | _____ |
| A | _____ |
| Intl | _____ |

Responsible Parent/Guardian: _____ Date: _____

Return this form along with players' full payment, copy of birth certificate and USA hockey membership confirmation.