**Registration Form for Checking Clinic**

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| --- | --- |
| **Player First Name:** |  |
| **Player Last Name:** |  |
| **Date of Birth:** |  |
| **Home Association:** |  |
| **Parent/Guardian Name(s):** |  |
| **Email Address:** |  |
| **Home Address:** |  |
| **Emergency Contact Number:** |  |

**NOTE: Session 1 is for 2007 players and session 2 is for 2008 players.**