

Corpus Christi Hockey Association
www.ccyouthhockey.com
Player Application and Information Form
2007-2008

Please Print

Player Name: _____
(Last) (First) (Initial)
Male _____ Female _____ Age _____ Date of Birth _____

******CCHA MUST HAVE A COPY OF BIRTH CERTIFICATE
BEFORE PLAYER IS ALLOWED ON THE ICE******

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other Phone: _____
E-mail Addresses: _____
Mother's Name: _____ Employer: _____ Work #: _____
Father's Name: _____ Employer: _____ Work #: _____
What school do you attend? _____
Previous Ice Hockey experience Yes: _____ No: _____
Previous Roller Hockey experience Yes: _____ No: _____
Previous Soccer experience Yes: _____ No: _____
If yes, how many years? _____ Where did you play? _____
How did you hear about us? ___ returning player ___ flyers ___ TV ___ Newspaper
___ Radio ___ Website ___ Other

Date of Birth Reference Date: December 21, 2007
(Player's age is 6 or older on this date)

Parents please read and sign the following statement:

The player named above has my permission to participate in the activities of the Corpus Christi Hockey Association, (hereinafter named CCHA). I agree to pay the fees and abide by the policies established by CCHA. If I fail to do so, the player will not be allowed to participate. I release and will not hold responsible CCHA, it's officers, coaches, referees, other players or the Corpus Christi Rayz and its staff for any accidents or injuries occurring as a result of activities sponsored or directed by CCHA. I give my permission for CCHA or its representatives to obtain emergency medical attention for my child if I am not available for consultation at the time of injury,

Parent or Guardian Signature

Date