

Little Huskies Hockey Academy Registration

Skater's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Father's Name: _____

Phone #: _____ Email: _____

Mother's Name: _____

Phone #: _____ Email: _____

Emergency Contact: _____

Relationship to Skater: _____

Phone #: _____

Hockey Level: _____

Date/Time: _____