



Drakkar AAA Côte-Nord

Registration form



Player information	
Player name	
Birth date	
Team (actual season)	
Grade Novice 1,2,3 ou 4 Atome ou Pee-Wee	
Jersey number	
Position	
Left or right handed	
Contact information	
City	
Address	
Postal code	
Parent / guardian	
Name	
Email	
House phone number	
Mobile phone number	
Medical condition	
Do your kid have any particular medical condition that could stop him playing hockey or that playing hockey could get it worst?	
No	
Yes	
Parent signature	
Date	

Send your form by email at the following email address :

drakkarcotenord@gmail.com

******Digitized file or picture******

Important ti write the following information in the email object :

- ✓ **Player name**
- ✓ **Year of birth**



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