

email _____

PLAYER INFORMATION

Team Division _____

Circle: BOYS GIRLS REP LEAGUE LOCAL LEAGUE

LAST NAME _____ FIRST NAME _____

NAME (as it appears on birth certificate) _____

ADDRESS (mailing ie. RR#4) _____

CIVIC (ie. 123 Main St) _____

TOWN _____ POSTAL CODE _____

TELEPHONE (home) (519) _____

MOTHER/ GUARDIAN NAME

(first) _____ (last) _____

ADDRESS (if different from player)

Mailing (ie. RR#4) _____

Civic (123 Main St) _____

Postal Code _____ Town _____

Telephone (home) (519) _____ (work) _____

Cell _____

FATHER/GUARDIAN NAME

(first) _____ (last) _____

ADDRESS (if different from player)

Mailing (ie RR#4) _____

Civic (123 Main St) _____

Postal Code _____ Town _____

Telephone (home) (519) _____ (work) _____

Cell _____

* First time players to BPMHA must attach a copy of a birth certificate.