



ATLANTA JR KNIGHTS REGISTRATION FORM

TRYOUT CAMP: April 20-22, 2018

PLAYER INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: ____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE #: _____ E-MAIL ADDRESS: _____

PARENT NAME: _____ PARENT CELL PHONE # _____

EMERGENCY CONTACT: _____ EMERGENCY #: _____

DATE OF BIRTH: _____ AGE: _____

PLAYING INFORMATION

HEIGHT: _____ WEIGHT: _____ POSITION: _____

SHOT/CATCH: _____ 2017-2018 USA HOCKEY # _____ CITIZENSHIP: _____

PRIOR TEAMS 2016-2017: _____

COACHES NAMES & CELL NUMBERS: _____

ACADEMIC INFORMATION

CURRENT OR MOST RECENT SCHOOL: _____

CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATED COLLEGE

GPA: _____ SAT: _____ ACT: _____