



Total Ice Training Centre Registration Form:

Personal Information: (Please Fill out completely)		
Last Name:	First Name:	Middle Initial:
Address:		
City:	Province:	Postal Code:
Birthdate: (MM/DD/YYYY)		Hockey Position:
Home Phone:	Cell:	
Email:	Alternate Email:	
Care Card #:		
Waiver Completed: Y or N		
Emergency Parent/Guardian/Contact Information: (Please Specify Two)		
1. First Name:	Last Name:	
Relationship to Player:	Phone:	
2. First Name:	Last Name:	
Relationship to Player:	Phone:	
Additional Information:		
Medial Concerns:		
Allergies:		
List Medications:		
Any other info we should know:		
How did you hear about us?:		
Program you are registering:		
Payment Info:		
Credit Card #:	Expiry:	Cheque: #
Name on Card:	Authorize Signature:	
Other Method of Payment:	Cash/Cheque/Debit Card	