



French River Rapids JR 'A' Hockey Club

2018 Rookie Camp
REGISTRATION FORM

Paul Frustaglio - President
PHONE (647) 229-1718

www.frenchriverapids.com paul.rapidshockey@gmail.com

Player Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Town/City _____ Postal Code: _____

Phone/Cell: _____ Email: _____

DOB: _____ Position: _____ Shoots: Left: _____ Right: _____

Height: _____ Weight: _____ Jersey Size: _____

Social Insurance No.: _____ Health Card No.: _____

Present Hockey Team: _____

Level of hockey: AAA, AA, Junior, Prep School, Other _____

Name of Coach: _____

(email/phone) _____

STATISTICAL INFORMATION

Games Played Most Recent Yr ____ Goals ____ Assists ____ Points ____ Penalty Minutes ____

Goaltenders Games: Won ____ Lost ____ Goals Against Average ____ Save % ____