



Player Registration Form

Player Name: _____

Address _____ city _____ postal code _____

Phone number _____ email address _____

Players DOB _____ . Gender _____
(m/d/y)

Parent 1 information.

Parent 2 information

Name _____.

Name _____

Email _____.

Email _____

Phone _____.

Phone _____

Medical information

Allergies _____

Emergency Contact _____ . Phone _____

Parent signature _____ . Date _____

If you didn't pay online but filled out this form please send payment to
Coachnickking@gmail.com If payment was made online please send completed form to
Info@kingskills.ca

Office use only

Paid in full

Confirmation Number