

YOUR LOGO
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Illiana League Player Application

Player Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Player Birthdate: _____ R H / L H.: _____ Position Played: _____

Siblings (Please list name, age of each older and younger sibling) _____

PARENT INFORMATION:

Dad's Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Mom's Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current School Attending //// School Planning to Attend in the Fall

Current School Attending: _____ Town: _____
High School

Planning on attending in Fall _____ High School Town: _____

Previous Teams

Most Recent Team: _____ House/Travel: _____
Coaches Name: _____ Position: _____
League Name: _____

Prior Team: _____ House / Travel: _____
Coach: _____ Position: _____
League / Rink: _____

Prior Team: _____ House / Travel: _____
Coach: _____ Position: _____
League / Rink: _____

Additional Information

Is there any additional information you would like to add?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in this application or interview may result my eligibility to play in the Illiana Hockey League.

Signature: _____ Date: _____