



Rockford Rams Inline Hockey Club

www.ramsinlinehockey.org

Player Registration Form

Player Information

Name: _____

Grade: _____ Experience (years played, ice/roller) _____

Phone (player cell if available): _____

Player email: _____

Parent(s)/Guardian Information

Name(s) _____

Address: _____

Best contact phone#: _____ 2nd phone: _____

Email: _____

Please list any medical conditions/concerns your child has that coaches need to be aware of
