

PRHC
Registration & Emergency Information
Player Information

Player Name: _____
Phone Number (____) ____-____ Player cell #: (____) ____-____
Date of Birth (mm/dd/yy): _____ Grade #: _____ Sex (m/f): _____
Position: _____ Height: _____ Weight: _____ Shoots: R or L
Player's email: _____
Primary Street Address: _____
City/State/Zip: _____

Parent & Guardian Information

Mother/Guardian Name: _____
Phone Number (____) ____-____ Mother cell #: (____) ____-____
Mother's email: _____
Primary Street Address: _____
City/State/Zip: _____
Father/Guardian Name: _____
Phone Number (____) ____-____ Father cell #: (____) ____-____
Father's email: _____
Primary Street Address: _____
City/State/Zip: _____

Emergency Information

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Hospital Preference: _____
Emergency contacts if parent/guardian cannot be reached:
Name: _____ Relationship: _____
Phone #: (____) ____-____ Cell #: (____) ____-____
Name: _____ Relationship: _____
Phone #: (____) ____-____ Cell #: (____) ____-____

My child may be transported to the nearest emergency care facility deemed necessary by emergency personnel/

Parent or Guardian: _____ **Date:** _____