

**SCSHA Michigan Flyers Special Hockey
Player Application**

First Name: _____ Last Name: _____

Date of Birth: _____ Male _____ Female _____

Address: _____ City & Zip _____

Names of Parents/Caregivers (please include email addresses & cell/home phone numbers)

1. _____

2. _____

3. _____

4. _____

Player Disability: _____

Restrictions: _____

Helpful Information: _____

Emergency Contact: _____

Phone #: _____

Registration Fee: \$400-\$200 due 9/7; \$200 due 11/16