



Clarence Hockey Club Modified Hockey Registration April 2021 - June 2021

We appreciate your interest in the Clarence Modified Hockey Club. Please print complete the information below

Player Information:		Parent/Guardian 1	
First Name		First Name	
Last Name		Last Name	
Date of Birth	__/__/__	Relation to Player	
Age		Home Phone	
Current Grade		Primary Cell Phone	
Address		Primary Email Address	
City & ZIP Code		Parent/Guardian 2	
Student Cell Phone		First Name	
Playing Experience		Last Name	
Shoots (Left/Right)		Relation to Player	
Primary Position (FW, D or G)		Cell Phone	
Current Team & Level (AAA, AA, A, House)		Email Address	
List other Sports to be played March - June		Name of High School attending in 9th grade (Clarence, Canisius, St Joes)	

Which Modified team are you trying out for? (circle one) CMS Team 1 / CMS Team 2

If you are rostered to CMS Team 2, do you have the desire to also play on CMS Team 1 as needed? Yes / No

Is it your preference to be rostered to Team 2 and also play up on Team 1? Yes / No

Email: clarencemodifiedhockey@gmail.com

Visit: www.clarencemodifiedhockey.com