

Athens Aeros Main Camp Player Registration

If you are interested in attending the Athens Aeros Main Camp, and are eligible to participate (i.e.: you are already on the Athens Aeros protected roster, or you are a free agent/not signed with any other CCHL2 team, or have a permission to skate with us from your current team), please complete and submit this Player Registration form along with your Main Camp fee.

* Required



Submitting a completed Player Registration form and the Main Camp fee is required before participating in the Main Camp. Your information will not be shared with any other party and will only be used for player evaluation purposes.

Personal Information

1. **First Name ***

2. **Last Name ***

3. **Address ***

Street, City, Prov/State, Postal Code/ZIP Code

4. **Date of Birth ***

Example: December 15, 2012

5. **Cell Phone Number ***

(###-###-####)

6. **Email Address ***

7. **Citizenship ***

(Canadian, American, etc.)

8. **Height ***

9. **Weight ***

10. **Home or other Phone Number**

(###-###-####)

11. **Parent or Guardian Names ***

12. **Parent or Guardian Phone Number (1) ***

(###-###-####)

13. **Parent or Guardian Phone Number (2) ***

(###-###-####)

14. **Would you be interested in billeting?**

Mark only one oval.

YES

NO

Academic Information

15. **School Name**

16. **Highest Grade Completed**

17. GPA or Mark Average

18. Favourite Subject (not Physical Education)

Hockey Information

19. Team Name, League, Level *

Current (or last team if not playing for a team).
Include the league (e.g. HEO, NCJHL) and level
(ex. MIDGET AAA)

20. Position *

Check all that apply.

- Forward
- Defense
- Goaltender

21. Shoot (or Catches if Goaltender) *

Mark only one oval.

- Left
- Right

22. Coach's Name (for a reference)

23. Coach's Phone Number

(###-###-####)

24. What are your strengths and weaknesses as a player?

25. What are your goals for your hockey career?

26. What's the thing you're most proud of accomplishing (hockey or otherwise)?

27. Why are you interested in the Athens Aeros?

28. Anything else you would like us to know?

Medical Information

29. Emergency Contact Name *

30. Emergency Contact Phone Number (1) *

(###-###-####)

31. Emergency Contact Phone Number (2)

(###-###-####)

32. List any medical conditions that we should be aware of (e.g. allergies, diabetes)

33. List any medications that are currently in your system

34. Describe any current or past injuries that we should be aware of / that are limiting your current performance
