



Youth Recreational Hockey Registration Form 2026/27

Participant's Name: _____

Date of Birth (YYYY/MM/DD): _____

Add'l sibling: _____ DOB (YYYY/MM/DD): _____

Add'l sibling: _____ DOB (YYYY/MM/DD): _____

Mailing Address: _____

Parent/Guardian Name: _____

Phone #: _____ **Email:** _____

Are you a resident of Mississippi Mills? Yes or No (*circle one*)

Signature (parent/guardian): _____

Date: _____

Registration Fees: Residents - \$175/\$500 family, Non-residents - \$200/\$575 family

Paid by: cash ☐ cheque ☐ debit ☐ **Total paid:** _____

**if your child has any special needs, please inform their coach.*

*This program cannot succeed without volunteers. **Please sign up!***

VOLUNTEER COACHES NEEDED!

☐ Head Coach ☐ Assistant Coach

Name: _____

Email: _____