



# Michigan Hockey League, L.L.C. REGISTRATION FORM

**PLEASE PRINT CLEARLY:**

**Player's Name:** \_\_\_\_\_  
(last) (first) (m)

**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
(country)

**Social Security Number or Passport Number:** \_\_\_\_\_

**Primary Insurance Carrier & Policy Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state or province, zip/postal code)

\_\_\_\_\_  
(country) (phone number)

**Emergency Contact:** \_\_\_\_\_  
(name) (phone number)

**Signature:** \_\_\_\_\_  
.....

**Position:** \_\_\_\_\_ **Shoots:** \_\_\_\_\_

**Ht.:** \_\_\_\_\_ **Wt.:** \_\_\_\_\_

**Last Team:** \_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_

**Would you like us to call you?** \_\_\_\_\_