



San Jose Jr. Sharks 2011-2012 Travel Player Registration

Office/Registrar use only
Payment Amt: _____
Birth Year: _____
Financial/Player Agreement: <input type="checkbox"/>

Check here if you are new to the Jr. Sharks Travel Club or your contact information has changed.

Please Print ALL Information Clearly

Player's Name: _____
Date of Birth: _____ Male: _____ Female: _____ Amount Enclosed: _____
USA Citizen: Yes: _____ No *: _____, If No, What Country? _____
(* must provide copy of Birth Certificate, copy of valid visa, and evidence of residency)
Home address: _____
City: _____ State: _____ Zip code: _____
Home Phone: () _____ Player Cell Phone: () _____
Player E-mail: _____

<u>Primary</u> Parent Name/Relationship: _____/_____
Home Phone: () _____ Cell/Work Phone: () _____
Primary Parent E-mail: _____
<u>Secondary</u> Parent Name/Relationship: _____/_____
Home Phone: () _____ Cell/Work Phone: () _____
Secondary Parent E-mail: _____

ALL PLAYERS MUST TRYOUT FOR THEIR BIRTH YEAR TEAM ON DAY ONE. Thereafter, you must be invited by the Head coach.

Position: Goalie Defense Forward

Shoots/Catches: Left Right

2010-2011 Team Played for (Required): _____

2011 - 2012 USA Hockey Number (Required): _____