

SCSHA Michigan Flyers Special Hockey
Player Application

First Name: _____ Last name: _____

Date of Birth: _____ Male _____ Female: _____

Address: _____ City & Zip Code _____

Names of Parents / Caregivers (please include email address and phone number)

1. _____

2. _____

3. _____

Player Disability: _____

Restrictions: _____

Helpful Information: _____

Emergency Contact: _____

Phone Number: _____