



Central Ontario Wolves Hockey Association
Player Registration Form

Name

Address (number, street, apt. lot, concession, township, rural route #)

City

Province

Postal Code

Parent/Guardian Name

Phone

Birth Date

Height

Weight

Position Played: _____

Home Centre: _____

What OMHA teams have you played
for in the last 3 years?: _____

Are you prepared to make the AAA commitment?

YES

NO

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