

Application

Chicago Blackhawks Special Hockey



Personal Information:

Athlete's Name: _____ Sex: _____ Age: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone: _____ SS#: _____

Parent(s) or Guardian Name: _____

Address if different from athlete: _____

E-Mail Address: _____

Living Arrangements (check one): Home Group Home Apt. Living Foster Home

Marital Status (check one): Single Married

Emergency Information (preferably parent/guardian):

Contact: _____ Relationship to Athlete: _____

Address: _____

Phone: (Home) _____ (Work) _____

Please describe in your own words, the athlete's past experience with hockey of any kind, ice skating, roller blading or regular roller skates. Be advised, due to safety reasons we limit the number of non-skaters on ice at one time. There may be a waiting period for non-skaters.

Does the athlete attend School: Yes No

Is the athlete employed: Yes No

School/Work site: _____ Phone: _____