



Collins Hockey Camps
1318 N. Malibu Lane
Gilbert, AZ 85234
C/O Dusty Collins
(480) 926 – 2234
Dusty@CollinsHockeyCamps.com

REGISTRATION, MEDICAL AND PAYMENT

(Please print and complete all Information)

*****REGISTRATION*****

PLAYER NAME _____ POSITION _____ HT _____ WT _____
PARENTS _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ BIRTH DATE: MONTH _____ DAY _____ YEAR _____
EMAIL ADDRESS _____

*****HEALTH/MEDICAL INFORMATION*****

MEDICAL INSURANCE CO. _____ POLICY # _____
FAMILY PHYSICIAN _____ TELEPHONE # _____
ALLERGIES _____
IN CASE OF EMERGENCIES, CONTACT: _____
TELEPHONE: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____