



VILLAGE OF WESTPORT
FOTA Skills Shinny Registration Form

Player's Name

First: _____ Last: _____

Age: ____ Boy/Girl: ____ Address: _____

Parent's Name

First: _____ Last: _____

Email Address: _____

Home Phone: _____ Cell: _____

Emergency Contact

Name: _____ Phone: _____

Parents and children participating in the Village of Westport FOTA Skills Shinny program **understand and agree that the players need to exhibit a sufficient level of skating and hockey skills to be able to play safely in the shinny sessions.**

The players are welcome to participate in the skills sessions where they will be evaluated with respect to playing in the shinny sessions.

I consent to my child (or children) participating in the Village of Westport FOTA Skills Shinny Program.

Signature

Date