

Player Profile / Application

Players Full Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Position: _____ Shot: LEFT RIGHT

Home Address: _____ City: _____ State: _____ Zip: _____

Player Email Address: _____ Players Cell Phone: _____

Home Phone: _____ Parent(s) Name: _____

Parents Email Address(# 1) : _____ (# 2) _____

Parents Work Number: _____ Parents Cell Number: _____

Grade Entering Next Year: _____ School Attending: _____

Grade Point Average: _____ SAT Verbal: _____ SAT Math: _____ Date last taken: _____

Previous Team(s) played for: _____

Coaches Name: _____ Coaches Phone number: _____

Statistics: GP _____ G _____ A _____ PIM _____

Goaltenders Information:

Catches: LEFT RIGHT Current Goaltending Instructor: _____

Statistics: GP _____ W _____ L _____ T _____ GAA _____ SV% _____

Please mail back attached Application along with your \$199.00 payment to:

Colorado Rampage
C \ O Amber Sherman
13883 Firefall Ct.
Colorado Springs, CO 80921

If you want to use a credit card, please fax this application to (719) 623-0603

Credit Card # _____ Type (MC, Visa, Amex, Discover)

Expiration Date _____ Name on the Card _____ 3 Digit Bank # _____

Release and Indemnity Agreement: Standard USA Hockey terms and conditions apply

Consent for Medical Treatment of a Minor: As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. .

Signature of Parent/Legal Guardian or Participant (if over 18)

Player's Signature: _____ Parent's Signature: _____

Date: _____ Date _____

