



# St. Mary's Ryken Ice Hockey

## Player Bio Form

### Personal Information:

Player's Name:	_____		
Address:	_____ _____ _____		
Phone:	(Home) _____	(Cell) _____	
Email Address:	_____		

### Hockey Information:

Registered under USA Hockey?:		Yes	No
If Yes, what's your registration number?		_____	
Height:	_____	Weight:	_____
Handed:	Right      Left Check One	Position:	Goalie    Defense    Forward    Wing    Center Mark a check next to the position you play
Jersey Size:	S      M      L    XL    XXL	Jersey Number:	_____
		Numbers Taken: 3, 7, 9, 10, 12, 14, 16, 18, 21, 24, 27, 72, 86, 88, 98	
Hockey Experience?	Ice?	Yes	No    If Yes, How many years? _____
	Roller?	Yes	No    If Yes, How many years? _____
	Street?	Yes	No    If Yes, How many years? _____
	Have you played on a Travel Team? If so, who and how long?		_____ _____
	Do you currently play on other teams? If so, who?		_____ _____
Athletic Experience:	Do you currently play other sports at St. Mary's Ryken? If so, which sports?		_____ _____