NIPISSING FIRST NATION
A-Kii, Bemaadzijik, E-Niigaanwang
The Land, the People, the Future

Nipissing First Nation
Little NHL Registration Form

Player Name: _____	DOB: _____	First Nation: _____ Band #_____ If No Band # for Child, Use Mother or Father
Parents Name: _____		Email: _____
Address:_____ _____ _____	Home Phone: _____	Cell Phone: _____

Minor Hockey Association:_____	
Division Played: _____	House League:_____
Position Played: _____	Rep: Select A AA AAA
How many years has your child played hockey:_____	Has your child played LNHL Before: Yes _____ No_____

Do you require accommodations?	Yes _____	No _____

Emergency Contact Information

Name: _____	Phone: _____	Cell: _____

Please include a copy of Status Card and if the Child does not have a status card we will need a copy of the Long Birth Certificate Form (Required if players are using parents Status Card) along with copy of Parents Status Card.

Forms must be submitted to team Manager by December 15th of each year.