

**KAWARTHA KOMETS SPECIAL NEEDS HOCKEY PROGRAM – Est. 2009**

**INTENT TO REGISTER FORM for the 2021-2022 SEASON**

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**NOTE: Please complete this form if you are planning on returning to the Kawartha Komets for the 2021-2022 season if we are allowed to "Return to Play". This will help us with our planning and will also enable us to update our membership list. THANK YOU!**

Player's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

(Please signify whether parent or caregiver)

Address: \_\_\_\_\_

Town/City \_\_\_\_\_

Postal Code \_\_\_\_\_

Player's Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_