



Pita Pit Mini Sticks Tournament - Roster Form

Team Name: _____

Age Division:

U9

U11

U13

Player 1 Info

First Name: _____ Last Name: _____ Date of Birth: _____

Parent/Guardian First & Last Name: _____ Parent/Guardian Email: _____

Emergency Contact Number: _____ Waiver Received? (Office Use Only): _____

Player 2 Info

First Name: _____ Last Name: _____ Date of Birth: _____

Parent/Guardian First & Last Name: _____ Parent/Guardian Email: _____

Emergency Contact Number: _____ Waiver Received? (Office Use Only): _____

Player 3 Info

First Name: _____ Last Name: _____ Date of Birth: _____

Parent/Guardian First & Last Name: _____ Parent/Guardian Email: _____

Emergency Contact Number: _____ Waiver Received? (Office Use Only): _____

Player 4 Info

First Name: _____ Last Name: _____ Date of Birth: _____

Parent/Guardian First & Last Name: _____ Parent/Guardian Email: _____

Emergency Contact Number: _____ Waiver Received? (Office Use Only): _____

Roster Deadline: Please complete and return to Kody Anton at luhockey@lakeheadu.ca by **Friday, June 5th at 12:00 pm.**

Waivers: All players must have a valid waiver on file with Lakehead Athletics prior to playing. **Please ensure all players have their parent/guardian complete the digital waiver prior to Friday, June 5th at 12:00 pm**

Waiver Link: <http://bit.ly/PitaPitMiniSticks>