

2007 – 2008 Hockey Registration & Waiver Form

Player Identification Number / Social Security Number: _____

Participant's Last Name: _____ First Name: _____

Date of Birth: _____ Gender: M / F Grade: ___ Age: ___ School: _____

Complete Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent / Guardian 1 Last Name: _____ First Name: _____

Parent / Guardian 2 Last Name: _____ First Name: _____

Email Address: _____

YOUR CHILD'S AGE AS OF JUNE 30, 2007 WILL DETERMINE WHICH AGE GROUP

<u>Group</u>	<u>Age</u>	<u>Birth Dates</u>	<u>Check Age Group</u>	<u>Fee</u>
MITES*	9 & Under	07-01-1998 – 06-30-2005	_____	\$75.00
GIRLS	10 & Under	07-01-1996 – 06-30-1998	_____	\$160.00
SQUIRT	10 – 11	07-01-1996 -- 06-30-1998	_____	\$200.00
PEEWEE	11 – 13	07-01-1994 -- 06-30-1996	_____	\$250.00
BANTAM	13 – 14	07-01-1992 – 06-30-1994	_____	\$250.00
High School Girls		07-01-1988 – 12-31-1992	_____	\$250.00
High School Boys		07-01-1988 – 06-30-1992	_____	\$300.00
FAMILY MAXIMUM				\$550.00

*Those Mites, chosen by their coaches, for the traveling team will need to remit an additional payment of \$85.00

** NOTE - A REFUNDABLE \$75.00 cleaning / working deposit will be required by each family.

Please read this form carefully and be aware that in registering your child for participation in the Hazen Winter Sports Hockey Program, you will be waiving and releasing all claims for injuries your child might sustain arising out of the hockey program.

I recognize and acknowledge that there are certain risks of physical injury to the participant in the hockey program and I agree to the full risk of any such injuries, damages or loss regardless of severity in which my child may sustain as a result of participating in the Hazen Winter Sports Hockey Program. I waive and relinquish all claims that I, my insurer, or my child may have against Hazen Winter Sports and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child may have or which may accrue to my child on account of participation of my child in the Hazen Winter Sports Hockey Program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

ON BEHALF OF MY FAMILY, I HAVE READ AND UNDERSTAND THE PARENT CODE OF CONDUCT.

Parent / Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____