

2011 – 2012 Hazen Winter Sports Hockey Registration

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: _____

<u>Group</u>	<u>Age</u>	<u>Birth Dates</u>	<u>Check Age Group</u>	<u>Fee</u>
Termite	8 & Under	07/01/2004 – 06/30/2006	<input type="checkbox"/>	\$ 40.00
Mite	8 – 9	07/01/2002 – 06/30/2004	<input type="checkbox"/>	\$135.00
Girls	13U	07/01/1997 – 06/30/2000	<input type="checkbox"/>	\$165.00
Squirt	10 – 11	07/01/2000 – 06/30/2002	<input type="checkbox"/>	\$165.00
PeeWee	11 – 13	07/01/1998 – 06/30/2000	<input type="checkbox"/>	\$250.00
Bantam	13 – 15	07/01/1996 – 06/30/1998	<input type="checkbox"/>	\$250.00
HS Boys		07/01/1992 – 06/30/1996	<input type="checkbox"/>	\$300.00
Family Maximum			<input type="checkbox"/>	\$650.00

- Note – A refundable \$50.00 cleaning deposit will be required by each family.
- Note – A refundable \$75.00 working deposit will be required by each family.
- First Year Players are Free – However they must still pay deposit and USA Fee.
- Please note there is also a \$40.00 fee to be paid online with USA Hockey added to this registration.

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.

Parent / Guardian Signature: _____ Date: _____