

# SPRING-FORD ICE HOCKEY CLUB

## PRE-REGISTRATION FORM

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ YEARS ICE HOCKEY EXPERIENCE: \_\_\_\_\_

TEAMS PLAYED ON: \_\_\_\_\_ POSITIONS PLAYED: \_\_\_\_\_

GRADE (2010/2011 School Year): \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

PARENT(S) NAMES: \_\_\_\_\_

PARENT(S) PHONE NO.: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### **LIABILITY RELEASE:**

I recognize that hockey is a competitive, contact, athletic activity. I/We permit \_\_\_\_\_ to play ice hockey in the Spring-Ford Ice Hockey Club and intending to be legally bound, I hereby release and save harmless from any and all liability whatsoever, any person or organization connected with such activity, for any injury sustained by the above named player and any other player, and all ice hockey activities sponsored by or participated in by the Spring-Ford Ice Hockey Club, including, but not limited to, practices, competitions, and travel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE READ, SIGN AND DATE BELOW:**

By signing below, you commit to play for the Spring-Ford Ice Hockey Club and to be registered with USA Hockey at least through March, 2011. You agree to pay the non-refundable registration fee of \$100 by the deadline and to sign the Waiver of Liability form prior to playing.

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_