

YOUTH HOCKEY REGISTRATION FORM

Registration Date:

Athlete Information		
First Name	Last Name	Age
Cellphone Number	Email Address	Gender
Do you have any allergies, chronic illness, or medical conditions that would limit your play? If Yes, please list below and include any medications with dosage amounts.		

Parent/Guardian Information			
Full Name	Cellphone Number	Email Address	
Street Address	City	State	Zip Code

Emergency Information		
Contact Name	Phone	Relationship to Athlete

League Information	
Please select the division	
What is the athlete's skill level?	
What position does your athlete play?	

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child, and I authorize the person in charge to take my child to the nearest emergency facility.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Although the safety of all sport activities is the primary concern, indoor sport activities at this facility may cause injuries and/or death. I expressly assume the risk of injury, death, and/or

illness arising from any cause, and agree to waive the right to pursue any claim against the facility and the persons in charge.

I have read and agree to the above conditions.

Signature:

Signature Date: