

Summer Hockey Registration Form



Player Information: (type or print - no abbreviations)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Parent's Work Phone # _____

Parent's Name(s) _____

Emergency Contact _____

Emergency Phone # _____

Email Address _____ Date of Birth _____

Youth Hockey Level in 2010-2011 Season *(please check one)*

Goalie _____	Defense _____	Forward _____
Mite _____	Squirt _____	Midget _____
Pee Wee _____	Bantams _____	Incoming Freshman _____

Mail application and payment to: **AYHA, PO Box 561, Hartland, WI 53029**

Release: Participant and Guardian hereby affirm that by enrolling in the Hockey Program participant and Guardian are aware of the inherent dangers related to instruction related to ice hockey. Participant and guardian are required to provide all protective equipment to be used by participant in the program and participant and guardian are responsible for the safety and good operating condition of said equipment.

Participant and Guardian understand and agree that neither Hockey Program or members of the program, owners, operators, agents, or instructors of Hockey Program may be held liable in any way for any occurrence in connection with the program which may result in injury, death or other damages to participant or participant's family, heirs or assigns.

Participant and Guardian further state that participant is of lawful age and legally competent to sign this affirmation and release and that if participant is not of lawful age, participant's signature on this release indicates that participant has discussed the contents of this release with participant's guardian and understands them. Participant and participant's guardian have signed this document on their own free will.

Participant and Guardian have read and understand the contents of this affirmation and release. Participant and guardian assume responsibility for participant's physical fitness and capability to perform under the normal conditions of the Hockey Program.

Participant Signature _____

Parent/Guardian Signature _____