



Circle One: LTS LTP Mite Squirt PeeWee Bantam Midget

Player Information:

Last Name: _____ First Name: _____ M.I.: _____

D.O.B.: ____/____/____

Gender: M F

Address: _____ City: _____ Zip: _____

Parent/Guardian Information:

1. Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

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

E-mail: _____

2. Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

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

E-mail: _____

Have you played ice hockey before? Yes No Name of Organization: _____

Have you ever been seriously ill or are you at the present handicapped by any physical defect that would interfere with your play on the ice? Yes No If yes, please explain: _____

I, (print name) _____, the parent or guardian of the above-named child who is participating in the hockey program sponsored by the Nonotuck Valley Hockey Association, give my approval for his/her participation in any activities of the hockey program during the season.

I assume all risks and hazards to the conduct of the activities and transportation to and from activities. I do further hereby release, absolve, indemnity and hold harmless the hockey association, organizers, and/or supervisors appointed by them. I also release from responsibility any person transporting my child to and from activities.

I agree to pay the association the non-refundable registration fee of \$150.00 (\$125.00 for early registration, must be postmarked by May 14, 2009), which includes insurance and one pair of association socks (teams only). I further agree to pay the monthly player fee, to be determined at the beginning of the season. This fee is due on the 15th of each month, and payments will begin September 15, 2009.

I agree to participate in any mandatory fundraising requirements named by the Board of Directors at the beginning of the season.

I also agree to the Rules and Regulations and the code of conduct of the Nonotuck Valley Hockey Association, and the USA Hockey Zero Tolerance Policy.

Please Print: Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Registrar Use: Fee Collected: _____ Check # _____ Cash Initials