



In-House Registration

Player Name _____

Date of Birth _____ Age _____ Male Female (Circle One)

Address _____

City/State/Zip _____

Parent or Guardian _____

Phone _____ Alt Phone _____

Email _____

Emergency Phone Number _____

Are there any health conditions you would like us to be aware of? YES / NO

If yes, please explain

Dates: Tues Sessions: Jan 2nd - March 27th

Friday Sessions: Jan 5th - March 30th

Pricing - \$150

Pricing includes a Public Skate Punch Card redeemable at any public skate.

We also provide a Jersey once per year (not per season to registrants)

ARENA USE ONLY	
Date Received	_____
Amount Paid	_____
Check #	_____
Card last 4	_____
Employee	_____

Signature: _____ (parent/guardian)

Date: _____

By completing and signing this document you are agreeing the liability waiver on the reverse side.

RELEASE

In Conservation of White Township permitting my child's participation in ice hockey ,I'll hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which my child may have, or which may subsequently accrue to my child, as a result of my child's participation in this activity. This Release is intended to discharge in advance White Township, and its respective agent's employees from and against any and all liability arising out of or connected in any way with my child's participation in this activity, even though that liability may rise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during the activity and that participants in their activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risking and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages. **This program is not USA Hockey sanctioned.**