



# WEST MILFORD BEARS HOCKEY, INC.

## 2009 Spring Registration Form

www.westmilfordhockey.com

<p><b>Please Read All 2008 – 2009 Program Information Prior to Completing the Registration Form</b></p> <p><b>LEVEL:</b> <input type="checkbox"/> Atom <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> PeeWee <input type="checkbox"/> Bantam</p> <p><b>FEE:</b> _____ <input type="checkbox"/> \$25 Early Payment Discount <input type="checkbox"/> \$25 Multi-Player Discount</p> <p><b>UNIFORM:</b> Black and Gold Socks (required, may use prior season's) \$15 <input type="checkbox"/> Yes <input type="checkbox"/> No          Purchase Jersey (optional) \$70 <input type="checkbox"/> Yes <input type="checkbox"/> No          Jersey Number Desired: _____</p> <p><b>Check here if player is interested in playing in the Ice Vault league, additional fees will apply</b> <input type="checkbox"/></p>	<p>Total Fee: _____</p> <p>Payment Amount: _____</p> <p>Minimum \$200 Registration Fee Required</p> <p>Date: _____</p> <p>Check #: _____</p>
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**Player's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Position(s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Information:**

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
email: _____

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
email: _____

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
email: _____

**IMPORTANT –** Prior to signing, read the following clauses carefully so you understand them.

I, the parent or legal guardian of the above registrant, a minor, hereby give consent for emergency medical care prescribed by a duly licensed Physician, EMT or Hospital.

I, the parent or legal guardian of the above registrant, a minor, agree that I and the registrant will abide by the rules as set forth by West Milford Bears Hockey, Inc. And recognizing the possibility of physical injury associated with the program registered for, and in consideration for the West Milford Bears Hockey, Inc. accepting the registrant for its programs and activities, I hereby release, discharge, hold harmless, and/or otherwise indemnify West Milford Bears Hockey, Inc., its affiliated organizations, and sponsors, their employees and associated personnel, including facilities utilized for the programs I am registering for, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I grant West Milford Bears Hockey, Inc. the right to use all photographs or videos taken of my child during any team sponsored program for advertising and promotional purposes.

I have completed the form and understand all information above, and I have read, understand, and have signed the release attached to this form.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign