



WEST MILFORD BEARS HOCKEY, INC.

Learn to Play Clinic Registration Form

www.westmilfordhockey.com

Player's Name: _____

Age: _____ Grade: _____ Date of Birth: _____

Position(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

USA Hockey Registration Required. Register at USAHockey.com and attach confirmation.

Parent/Guardian Information

Name/Relationship: _____

Home Phone: _____

Work: _____ Cell: _____

email: _____

Name/Relationship: _____

Home Phone: _____

Work: _____ Cell: _____

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