



WEST MILFORD HOCKEY, INC.

West Milford Bears Youth Hockey

2011/2012 Registration Form

www.westmilfordhockey.com

Please Read All 2011 – 2012 Program Information Prior to Completing the Registration Form

Full Time Players (Games and Practices)

LEVEL: Squirt - \$350 PeeWee - \$600 Middle School/Bantam - \$600

All full time participants must participate in the fundraising raffle and are responsible for the sale of 100 - \$2 raffle tickets.

Games Only - Players that are playing and practicing with another team (Full time at another level or Travel).

LEVEL: Squirt - \$175 PeeWee - \$275 Middle School/Bantam - \$275

All games only participants must participate in the fundraising raffle and are responsible for the sale of 50 - \$2 raffle tickets.

Pay for Play - Only players that are playing and practicing with another (Full time at another level or Travel) are eligible. Participation may be limited based on roster size.

LEVEL: Squirt - \$20 PeeWee - \$25 Middle School/Bantam - \$25

UNIFORM: Do you own a Bears Jersey? Yes No If Yes, Jersey Number: _____

Do you want to use our Bears Jersey at no charge? Yes No

Do You Wish to Purchase a Jersey \$70 (optional) Yes No

Jersey Number Desired (Provide 3 choices): _____

Black and Gold Socks required (may use prior season's) \$15 Yes No

USA Hockey Registration #: _____ (Required with registration form)

For Organization Use Only.

Fee: _____

Jersey: _____

Socks: _____

Total: _____

Payment Amount: _____

Date: _____

Check #: _____

Player's Name: _____

Age: _____ **Date of Birth:** _____ **Position(s):** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

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 Hockey, Inc. And recognizing the possibility of physical injury associated with the program registered for, and in consideration for the West Milford Hockey, Inc. accepting the registrant for its programs and activities, I hereby release, discharge, hold harmless, and/or otherwise indemnify West Milford 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 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