

# LINCOLN-WAY CENTRAL HOCKEY CLUB

SEASON REGISTRATION for

**PLAYER INFORMATION (PLEASE PRINT)**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CURRENT HIGH SCHOOL: \_\_\_\_\_

CURRENT SCHOOL YEAR:      CIRCLE ONE    7th 8th FRESH SOPH JR    SR      GRADUATION YEAR \_\_\_\_\_

**PREVIOUS HOCKEY EXPERIENCE:**

ORGANIZATION/CLUB _____	LEVEL _____	POSITION _____	
SEASON/DATE _____		COACH _____	
ORGANIZATION/CLUB _____	LEVEL _____	POSITION _____	
SEASON/DATE _____		COACH _____	

The above information is accurate to the best of my knowledge:

**X** \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE      DATE \_\_\_\_\_

**Parent Information: PLEASE CIRCLE THE PREFERRED EMAIL CONTACT ADDRESS**

Mother's Name: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Father's Name: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FEE PAYMENT AGREEMENT**

I understand that if my child is chosen for a team and decides **NOT** to participate with the Knights, I will **forfeit \$\_\_\_\_\_** registration fee to the LWCHClub. I understand this to be a true and binding contract and agree to pay all fees as stated in the LWCHC fee payment policy.

**X** \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE      DATE \_\_\_\_\_

**HOSPITAL/MEDICAL RELEASE**

The above named player has my permission to engage in all hockey activities. In the event of injury, I hereby give my permission to hospitalize and secure proper treatment for and to order injection, anesthesia, surgery or other treatment as deemed necessary for the above named player.

**X** \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE      DATE \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I hereby release the Lincoln-Way Central Hockey Club and any of its members, directors, employees and any and all other agents, from all claims, actions, causes of actions, damages to, or by, the undersigned person(s), their parents/guardians for the loss or injury resulting directly from the participation of such persons in this program. I (We) further agree to indemnify and hold harmless such parties from all claims, actions, damages or demand from participation in this.

**X** \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE      DATE \_\_\_\_\_

**FORMS**

PHYSICAL EXAM	LWCHC HAND BOOK		
ZERO TOLERANCE	LWCHC CONDUCT CODE		
ROSTER	LWCHC FEE POLICY		
PLAYER CONTRACT	VOLUNTEER FORM		
ACADEMIC RELEASE			

**FEES**

DEPOSIT			\$ _____
JERSEY SIZE		FEES	\$ _____
PANT SIZE		JERSEY(S)	\$ _____
JACKET SIZE		USA HOCKEY	\$ _____
HAT SIZE		MISC APPAREL	\$ _____
			\$ _____
			\$ _____
		<b>TOTAL</b>	<b>\$ _____</b>