

Lockport Porters/Lincoln-Way RAGE HOCKEY

SEASON REGISTRATION for

PLAYER INFORMATION (PLEASE PRINT)

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

PLAYER CELL PHONE: _____ BIRTH DATE: _____

PLAYER EMAIL: _____

CURRENT (HIGH) SCHOOL: _____

CURRENT SCHOOL YEAR: CIRCLE ONE 7th 8th FRESH SOPH JR SR HS 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 Rage Hockey, I will **forfeit \$_____** registration fee to the LP or LW Hockey Club. I understand this to be a true and binding contract and agree to pay all fees as stated in the fee payment policy.

PAYMENT SCHEDULE FALL: MONTHLY DUE ON 10TH EACH MONTH: SPRING: HALF DUE AT REGISTRATION. BALANCE BY APRIL 15

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 LP and/or LW Hockey Clubs 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 | HAND BOOK |
| ZERO TOLERANCE | CONDUCT CODE |
| ROSTER | FEE POLICY |
| PLAYER CONTRACT | VOLUNTEER FORM |
| ACADEMIC RELEASE | |
| | |
| | |

FEES

| | | | | |
|-------------|--|------------|----|--|
| | | DEPOSIT | \$ | |
| JERSEY SIZE | | | \$ | |
| PANT SIZE | | FEES | \$ | |
| JACKET SIZE | | JERSEY(S) | \$ | |
| HAT SIZE | | USA HOCKEY | \$ | |
| | | | \$ | |
| | | | \$ | |