

LINCOLN-WAY CENTRAL HOCKEY CLUB

SEASON REGISTRATION for SPRING 2010

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 \$250.00** 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	CODE OF CONDUCT		
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	\$ _____
			\$ _____
			\$ _____
		TOTAL	\$ _____