



# IN-LINE HOCKEY CENTER FALL 2009 HOCKEY GOALIE REGISTRATION FORM



NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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

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

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

PARENT'S NAME(S): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERG. CONTACT: \_\_\_\_\_ EMERG. PHONE: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

## FULL TIME GOALIES PLAY FOR FREE!

### RELEASE AND INDEMNITY:

I, the parent or guardian, of \_\_\_\_\_ am fully aware of the risks inherent in the game of in-line hockey and hockey schools. I will not hold the Inline Hockey Center, its instructors, employees, associates or affiliates responsible or liable for any accidents that occur during this hockey program. I furthermore give my consent and authorize the Inline Hockey Center to seek medical attention and treatment for my child in the event of an injury.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Inline Hockey Center reserves the right to reschedule or cancel any programs based on enrollment.

# WWW.JCCDET.ORG/IHC