



IN-LINE HOCKEY CENTER WINTER 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