



WEST MILFORD HOCKEY, INC.

West Milford Bears Youth Hockey

2018/2019 Fall Middle School Registration Form

www.westmilfordhockey.com

<p>Please Read All Program Information Prior to Completing the Registration Form</p> <p>Middle School includes players in grades 5 - 8</p> <p><input type="checkbox"/> 10 Regular Games & At Least 2 Playoff Games - \$250</p> <p><input type="checkbox"/> I am interested in practice ice at additional cost</p> <p>UNIFORM: Jersey size: _____</p> <p>USA Hockey Registration #: _____ (Required with registration form)</p>	<p>For Organization Use Only.</p> <p>Fee: _____</p> <p>Jersey: _____</p> <p>Socks: _____</p> <p>Total: _____</p> <p>Payment Amount: _____</p> <p>Date: _____</p> <p>Check #: _____</p>
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Player's Name: _____

Grade: _____ **Date of Birth:** _____ **Position(s):** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Information

Name/Relationship: _____

Home Phone: _____

Cell: _____

email: _____

Name/Relationship: _____

Home Phone: _____

Cell: _____

email: _____

IMPORTANT – Prior to signing, read the following clauses carefully so you understand them.

I, the parent or legal guardian of the above registrant, a minor, hereby give consent for emergency medical care prescribed by a duly licensed Physician, EMT or Hospital.

I, the parent or legal guardian of the above registrant, a minor, agree that I and the registrant will abide by the rules as set forth by West Milford Hockey, Inc. And recognizing the possibility of physical injury associated with the program registered for, and in consideration for the West Milford Hockey, Inc. accepting the registrant for its programs and activities, I hereby release, discharge, hold harmless, and/or otherwise indemnify West Milford Hockey, Inc., its affiliated organizations, and sponsors, their employees and associated personnel, including facilities utilized for the programs I am registering for, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I grant West Milford Hockey, Inc. the right to use all photographs or videos taken of my child during any team sponsored program for advertising and promotional purposes.

I have completed the form and understand all information above, and I have read, understand, and have signed the release attached to this form.

Print Parent/Guardian Name

Date

Sign

Mail to: WM Hockey PO Box 84 West Milford, NJ 07480