

FKBHL

Registration Form

Name: _____ D.O.B: _____ Gender: _____

Address: _____ City: _____

Parents/Guardians: _____ Phone: _____

E-mail: _____ Alt Phone: _____

Emergency Contact: _____

Phone: _____ Alt Phone: _____

T-Shirt Size: Youth – S___ M___ L___ XL___ Adult: XS___ S___ M___ L___ XL___

Goalie Jersey Size: _____

Jersey Number (1-99): Option # 1 - _____ # 2 - _____ # 3- _____

Players Position: _____ Shoots/Hand: _____

Ice Hockey Experience / Last Team Played for: _____

Suggestions For Team Names: _____

Parents Interested in Coaching: _____

In consideration of the Applicant's participation in Forest Kids Ball Hockey (FKBHL), the Applicant agrees that The Shores Recreation Center & the FKBHL, its properties, participants and employees, will not be responsible for any accident or loss however caused, and agrees to release them from all claims and damages which may arise as a result of such accident or loss. In the event that the Applicant is incapacitated, or if the Applicant is a child, I hereby give you permission to seek out any necessary medical assistance the Applicant may require while attending the program. In signing the application, the Applicant acknowledges that he/she has read and understands the conditions and certifies that he/she is in good physical and mental health.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I understand all the rules of the FKBHL and will playing within them.

Participant Signature: _____