



## Spring Hockey Registration 2012

(Please fax to 576-0671 or email to klord@ihwinterclub.com by 3-2-12)

This 10 week program starts Monday March 5 and ends Friday May 18 (no sessions week of March 26th)

The schedule is as follows:

Mite/Squirt - Monday 6:00 - 7:30 PM  
Developmental - Tuesdays 6:00 - 7:30 PM  
Peewee/Bantam - Friday 5:30 - 7:00 PM

Cost for all sessions is \$100

Last Name of Participant: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In Case of Emergency Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

I am willing to serve as (please circle):                      Coach                      Assistant Coach                      Admin/Manager

**Release: I understand that the IHWC does not provide medical insurance for its recreational programs. I will be responsible for any expense incurred or injuries received by this player while engaged in this sport. I also understand that any youth sport activity carries inherent risks and agree not to hold the coaches, managers, officials, Board members or the Indian Hill Winter Club responsible for any injuries or expenses.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial: \_\_\_\_\_ I authorize the IHWC to charge my account for the appropriate fee