PRESEASON CLINIC

RANDOLPH TOWNSHIP PARKS AND RECREATION 2011 PRESEASON HOCKEY CLINIC REGISTRATION

PLEASE PRINT

DATE_________________________

PLAYER'S LAST NAME_________________________ PLAYER'S FIRST NAME _________________________

ADDRESS____

HOME PHONE_________________________ EMERGENCY PHONE_________________________________

GRADE ________ AGE ________ BIRTHDATE ___________ PARENT/GUARDIAN NAME__________________________

MEDICAL NEEDS/PROBLEMS ____

PLAYER MUST ALREADY BE REGISTERED IN THE RANDOLPH YOUTH HOCKEY PROGRAM AND WITH USA HOCKEY

LEVEL REGISTERING FOR (Circle One)

MITE SQUIRT PEE WEE BANTAM

FEE: $150.00 for all sessions, $100 for one skate per weekend

FEES ARE NON-REFUNDABLE. Please make checks payable to Randolph Recreation Boosters and bring to first clinic.

❑❑

I give my child/ward _________________________________ permission to participate in the Randolph Ice Hockey Program.

I understand the activity will be supervised and the Township **DOES NOT INSURE** participants with accident insurance and you participate at your **OWN RISK**. It is understood this program is a physical activity and various injuries may occur. I also understand it is my responsibility to make sure the registrant is physically capable of participating in this program and a medical physical by a doctor is recommended.

I verify that the above stated address is the permanent residence of the above named registrant and that all information stated above is, to the best of my knowledge, true and correct. Any intentional falsifying of information will result in automatic expulsion of my child/ward from the program and possible prosecution. I agree to abide by all rules, regulations and policies as set forth by the Department of Parks and Recreation, the Recreation Committee and the Recreation Hockey Committee. I also understand that registration of my child does not guarantee he/she has been accepted into the program. I understand that all players are admitted into the program on a conditional basis, pending review of their skillset by the coaching staff.

Signature Parent/Guardian ____

CASH ___ AMOUNT ___________ CHECK#:____________ AMOUNT____________