

16U Comp

## Alaska Icebreakers Girls Hockey Club

PO Box 72091 - Fairbanks, AK 99707-2091

- birth years '95 -

## 2011 - 2012 Registration Form

\$155.00

Ц	140 Comp	- birth years 9/	- 98	\$155.00	
	12U Comp	- birth years '99	- '00	\$155.00	
	•	- birth years '95		\$155.00	
	10/12U Rec	•		\$155.00	
	8U Rec	- birth years '03		\$155.00	
•	_	nline for USAH insurance \$ anager. Checks payable to yo			
🗷 Print legibly and	d provide all informat	ion requested. <u>A photocopy</u>	of player's birth cer	tificate is required.	
Player's Name					
,	(first name)	(middle initial)	(last name)	(Date of Birth	)
Street Address _			Home	Phone	
Mailing Address .			Zip Co	ode	
Family email Add	ress				
Father/Guardian	's Name				
Mother/Guardiar	n's Name				
Father's Work Pl	hone	Mot	her's Work Phone .		
✓ Check if Applica			Comp Only): \$40.00: Date Received by:	EAKERS USE ONLY e Paid Chec	
☐ Player is new to the	he Alaska Icebreakers	Registrati	on \$155.00: Dat	e Paid Cash Chec	:k#

## Parent / Guardian Medical Consent / Release

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, and/or hospital during all periods of time in which the youth is away from her legal residence as a member of AIB. Further, I waive, on behalf of myself and the above named youth, any liability of the Alaska Icebreakers, Alaska Girls and Women's Hockey, its agents, or Board Members, arising out of such medical treatment. I / We understand ice hockey is a contact sport and could result in serious injuries, and that protective equipment does not prevent all injuries to players. I / We, the parents or guardians of the above named player, hereby give my / our approval for her participation any and all AIB activities. I / We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I / We do hereby waive, release, absolve, indemnify and agree to hold harmless AIB, the organizers, sponsors, supervisors, participants, and persons transporting my / our children to or from activities, for any claim arising out of any injury to my / our child, whether the result of negligence or from any other cause.

Signature of Parent	/ Guardian:	Date:	
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