

## STOCKTON JUNIOR COLTS ICE HOCKEY

### TRYOUT REGISTRATION / CONSENT FORM

2011-2012 SEASON

Date:

# PLAYER INFORMATION (PLEASE PRINT)

### PARENTS/GUARDIANS INFORMATION (Please PRINT)

City / Ctoto / ZID:		Citizonohina
nty / State / ZIP:		Citizenship:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Second Parent/Guardia	n Name:	
Second Parent/Guardia Address:	n Name:	
Address:		
Address: City / State / ZIP:	n Name: Cell Phone:	Citizenship:

#### **CONSENT AND RELEASE**

In consideration of the Stockton Junior Colts Ice Hockey Association (hereinafter referred to as the "club", a non-profit organization, undertaking program to promote interest in ice skating and the sport of ice hockey and in further consideration of other members executing a like "consent and release" I hereby voluntarily agree to: 1) allow my son/daughter/ward, whose correct name and birth date appear above, to participate in programs and activities of the club; 2) be aware of the fact that the directors, and assistant coaches of the club volunteer individual services without financial remuneration; 3) release the club and all persons connected therewith from any and all liability for injury to my son/daughter/ward from their participation in, or presence at, any club activity.

I have read and understand the above statement and consent to all terms thereof.

First Parent/Guardian Signature: Relationship to Player:		
Second Parent/Guardian Signature: _ Relationship to Player:	Date: _	

A COPY OF LIVE BIRTH CERTIFICATE IS REQUIRED OF ALL PLAYERS IF NOT ROSTERED ON 2010-11 COLTS TEAM (HOSPITAL BIRTH RECORD CERTIFICATES ARE NOT ACCEPTABLE).

USA HOCKEY REGISTRATION FOR 2011-12 WILL BE REQUIRED AT TIME OF TRYOUTS. 2010-11 REGISTRATION WILL **NOT** BE ACCEPTED! USAH REGISTRATION AVAILABLE @ TRYOUTS FOR ADDITIONAL \$20.00).

Rev. 06/24/11