



## 2017/2018 Flyers Youth Special Hockey Registration Form

Players Name \_\_\_\_\_

Players Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Players Birthdate \_\_\_\_\_

Special Needs/ Requirements: Anything the program should know about your Child?

Session Schedule  
Saturdays TBD  
September - March  
Cost \$200, full season

- Required Equipment
- Certified Ice Hockey Helmet & Full Facemask
  - Cup and Supporter
  - Ice Hockey Gloves
  - Ice Hockey Pants
  - Ice Hockey Stick
  - Skates
  - Shin & Elbow Pads
  - Shoulder Pads
  - Mouth Guard

Has your child participated in another Special Hockey Program?  
 No  Yes, which one: \_\_\_\_\_

Does your child have skating experience?  
 No  Yes

Full Equipment is required:  
 I will provide my own equipment  I need equipment - Player Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### *Release, Indemnification and Hold Harmless Agreement*

*In consideration for my child's participation in the Flyers Youth Special Hockey Program, having full knowledge and understanding of the nature of this activity and the hazards involved, I hereby certify that I have personal Medical Insurance Coverage for any bodily injury that may occur. In addition, for myself and on behalf of my child, I hereby agree to release, indemnify and hold harmless the Flyers Youth and Skate Zone, its agents, employees, any of its associates, and its insurers from and against all claims arising out of my child's participation in the Program whether caused by negligence or the intentional acts of others. I understand and fully acknowledge that my child's participation in these activities is voluntary and solely at our own risk, and I assume full responsibility for all losses and injuries sustained while involved in this activity.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable to Flyers Youth Hockey Club. Return completed registration form and payment to:

Flyers Youth Special Hockey  
c/o Erica Hunter  
31 Bretton Way, Mt. Laurel NJ 08054