

**HOCKEY SKILZ PLAYER REGISTRATION FORM**

<b>Player Name:</b>	<b>Birth Date:</b>
<b>Address:</b>	
<b>2007-2008 Level:</b>	<b>Cell #:</b>
<b>2008-2009 Level:</b>	<b>Home #:</b>
<b>Parents Name(s):</b>	
<b>E-Mail Address:</b>	

**COST FOR EACH PLAYER IS \$50. PAYMENT MUST BE MADE AT CHECK-IN.**

**Please Select Age Group & Date Below (“x”)**

\_\_\_\_\_ TYKES/MITES/SQUIRTS (MAY 24<sup>th</sup> & 25<sup>th</sup>)

\_\_\_\_\_ PEEWEE & OLDER (MAY 31<sup>st</sup> & JUNE 1<sup>st</sup>)

**BOTH CAMPS WILL BE HELD IN SIOUX CITY, IOWA AT THE IBP ICE CENTER.**

Pre Register for camp by mailing this form to Hockey Skilz, 4115 Country Club Blvd., Sioux City, Iowa 51104

\*REMEMBER TO PAY ON THE DAY OF THE CAMP!

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please read carefully: I agree that Hockey Skilz will not be held responsible for accidents, injury or loss of personal property, however caused, and agree to release Hockey Skilz from any claims or damages which may arise as a result of such accident, injury or loss. It is further agreed that all risk while watching and/or participating are assumed by the players and his/her parents and/or guardians and this assumption is acknowledged and approved by my signature below. I have read the foregoing and agree to terms and conditions and certify that I am the players parent or legal guardian.

Photographic Release of Liability: I ACKNOWLEDGE AND CONSENT to the publication and/or display of any photograph(s) taken of me and/or my child by Hockey Skilz for Hockey Skilz publications, brochures, websites, flyers, or articles for outside publication. I understand that by my consent, any photograph(s) in which I or my child appear may be displayed on the Hockey SKilz website or in Hockey Skilz publications, brochures, flyers or articles for outside publications. Also by being so transmitted, they may be susceptible to being copied, otherwise used, and perhaps altered. I ACKNOWLEDGE that Hockey Skilz is not liable to me or my heirs for any misuse or alteration of my or my child's photograph(s) by others.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date