

2017 Shady Nook Hockey Registration Form

Section A

1. First Name _____ Last Name _____
D.O.B. _____ Age (as of Dec. 31st, 2017) _____ Male ___ Female ___
Years of Experience _____ Division 5-7 ___ 8-10 ___ 11-13 ___ 14-16 ___ Goalie Only _____
2. First Name _____ Last Name _____
D.O.B. _____ Age (as of Dec. 31st, 2017) _____ Male ___ Female ___
Years of Experience _____ Division 5-7 ___ 8-10 ___ 11-13 ___ 14-16 ___ Goalie Only _____
3. First Name _____ Last Name _____
D.O.B. _____ Age (as of Dec. 31st, 2017) _____ Male ___ Female ___
Years of Experience _____ Division 5-7 ___ 8-10 ___ 11-13 ___ 14-16 ___ Goalie Only _____
4. First Name _____ Last Name _____
D.O.B. _____ Age (as of Dec. 31st, 2017) _____ Male ___ Female ___
Years of Experience _____ Division 5-7 ___ 8-10 ___ 11-13 ___ 14-16 ___ Goalie Only _____

Section B – Please fill out PRIMARY residence information. If custody is shared, please state so.

Parent/Guardian #1 First and Last Name _____ Contact # _____

Parent/Guardian #2 First and Last Name _____ Contact # _____

Child lives with: Both parents ___ Mom only ___ Dad only ___ Shared custody ___ Other _____

Address _____ Postal Code _____

Email Address if preferred _____

Section C

Fee - \$95.00 for 1st Child \$90.00 for second or additional children

Jersey deposit - \$20.00 cash is due at registration and is reimbursed at the last game

The applicant hereby waives claims, rights or causes of action against the Shady Nook Recreation Association Inc., it's officers, employees and members for injury or loss of property, however or whenever sustained. The applicant also understands that they will not receive a refund for jersey if it is not returned or if it is damaged or lost. The applicant also understands that there are no refunds after the second game of hockey. There is a non-refundable \$25.00 administration fee. There is a \$25.00 NSF fee. This applicant also promises to adhere to the Shady Nook Recreation Associations Code of Conduct policy for spectators.

Parent/Guardian SignatureX _____

Office Use:

of children playing _____ Total Amount Due: _____ Method of payment: Cash ___ Check ___ # _____

Jersey Deposit Amount: _____ Todays Date: _____ Receipt #: _____ Initials: _____