

THE FORT DUPONT ICE HOCKEY PROGRAM, INC.

REGISTRATION FORM

Child's Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ School Attending: _____ Grade: _____

Medical Insurance Coverage: Yes No Company: _____ Policy#: _____

Father's Name: _____ Address: _____

Business Telephone No.: _____ Home Telephone No.: _____ Cell No.: _____

Email Address: _____

Mother's Name: _____ Address: _____

Business Telephone No.: _____ Home Telephone No.: _____ Cell No.: _____

Email Address: _____

If your child should become ill, do the coaches have your permission to send him to a hospital in case you cannot be reached? Yes No

If no, please explain what you want done.: _____

If parents cannot be reached, whom should the coaches notify in case of an emergency?

Name Relationship Telephone No.

I/We release coaches and volunteer leaders or other responsible persons of any liability for any accidents due to participation in or transportation to or from and during sports activities and practices.

We pledge responsibility for any negligible loss or damage to equipment or clothing on loan.

Parent(s) Signature Date Parent Participation: Yes No

For Official Use Only. (Do Not Write in this space.)

Registration Fee Paid On: _____ Method of Payment: _____ Check No: _____ Amount: _____

Signature: _____ Date: _____