

SOMERSET YOUTH CIVIC CENTER

FREE HOCKEY REGISTRATION 2014/2015



*Ages 6 & under and for first year 7&8 year olds - Wednesdays 6:00-6:40 PM - Dates: Oct 29-Dec17
Second year players must sign up for Jr. Spartans but can also participate in Try Hockey For Free*

PLAYER INFORMATION

Last Name _____ First Name _____ MI _____

Date of Birth _____ / _____ / _____ Gender M / F (circle one)

Street Address _____

City, State _____ Zip Code _____

Child's Home Phone _____ Alt. Phone # _____

PARENT/GUARDIAN—1

PARENT/GUARDIAN—2

Last Name _____

First Name _____

Cellular Phone # _____

Email Address _____

**Parent/Guardian 1 will be the person contacted, should both parents not reside with the child.
Email is the main form of communication. Please list an email address that is checked regularly.

Please list two names with phone numbers, other than parents, of whom to contact in an emergency:

Name _____ Phone _____ Name _____ Phone _____

I, _____, hereby give my permission for _____ my child, to participate in any and all sport activities under the auspices of the Somerset Youth Civic Center, its participating coaches and managers. I hereby agree to supply my child with the necessary safety equipment, while engaged in the sport of hockey. I hereby release and forever discharge the said participating coaches and managers and the Somerset Youth Civic Center from any and all liabilities in case of any injuries received by my child _____ while engaged in any sport activities or while being transported to and from any organized activity.

Parent/Guardian Signature _____ Date _____