



WAIVED REGISTRATION INFORMATION FORM

Name of Child _____

USA HOCKEY CONFIRMATION CODE _____

Child's Date of Birth _____

Level of Play _____

Position _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number _____

Parent/Guardian email address _____

I acknowledge that our family has viewed the volunteer and fundraising requirements of the Association that are posted on the website, www.bulldoghockey.org. We agree to abide by the fundraising and volunteer requirements that are applicable to our family.

Signature _____ Date _____