



RFA Black Knights Summer Youth Hockey Camp



Registration Form:

Player:

Name:							
Address:							
City:		State:		Zip:			
Age:		Birth Year:					
School:		Grade:					
Home Phone:							
Cell Phone:							
Level Next Season:	Mite:		SQT		PW		
Last or Current Team:							

Parents:

Name:					
Address: Same as above?	Yes		If No, Fill Out Below		
Address:					
City:		State:		Zip:	
Home Phone:					
Cell Phone (s):					
Emergency Contact:					
Emergency Contact Phone #'s:					

Any medical issues or needs that you feel we should be aware of:

Parents Consent:

I give my child permission to voluntarily participate in the RFA Hockey Booster Club summer camp. I understand that anyone who participates in any type of athletic activity in which the body is in motion or in which an object is in motion is exposing himself/herself to risk of severe injury, or even death. I understand this and will be responsible for any injury that may occur.

Parent or Guardian signature:		Date:	
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T-Shirt Size	
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