2019-20 DROP IN REGISTRATION FORM



PARTICIPANT INFORMATION	
PLAYER'S FIRST NAME:PLAYE	ER'S LAST NAME:
ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	
PARTICIPANT PROFILE INFORMATION	
DATE OF BIRTH: / /	POSITION: Defense Forward Goalie
2018-19 TEAM:	18-19 TEAM HEAD COACH:
USA HOCKEY #:	
CHECK THE BOX CORRESPONDING TO THE PLAYER'S DIVISION AND BIRTH	I YEAR:
\square 8U (11/12/13) \square 9U (10) \square 10U (09) \square 11U (08)	□ 12U (07) □ 14U (05/06) □ 16U (04/03)
EMERGENCY CONTACT INFORMATION	
PARENT/GUARDIAN:	PHONE:
REFUND POLICY No refunds or credits will be given for Tryouts	
	enant not to sue Coyotes Ice2, LLC (" Ice Den Chandler") Coyotes Amateur Hockey subsidiaries, their promotional sponsors and advertisers, and their agents, servants and ries, property damage, including but not limited to lost, stolen or damaged goods, that I
Consent to Treat: I certify that, as participant, or as parent/guardian of said participant, I give my confrom any licensed physician, hospital, or clinic for myself/said participant, for any in	sent to Ice Den Chandler, CAHA Chandler, AZ Bobcats and staff to obtain medical care njury that could arise from participation in any activities at Ice Den Chandler.
Consent to Use of Image: I hereby give my consent to Coyotes Ice, LLC, Coyotes Ice 2, LLC, CAHA, AZ Bobcats purpose of inclusion in any publications or videos related to Ice Den Scottsdale or Ice	to use my image/likeness (or in the case of a child - my child's image/likeness) for the ce Den Chandler.
This signatory will indemnify, defend and hold harmless Licensor; it's officers, agen	ts and employees from any claim by signatory's negligence.
PARENT/GUARDIAN SIGNATURE:	DATE:
PAYMENT INFORMATION	
\$90.00 MITE - MIDGET	
	LL AT THE TIME OF REGISTRATION.
PROGRAM COST: \$90.00 DATE RECEIVED:_	/ / USA HOCKEY VERIFIED:

EXP:_____CVC #: ____

CREDIT CARD: UISA DISC NAME ON CARD:

CARD #:_____