



Canandaigua Knights

Hockey Conference, Inc.
PO Box 501
Canandaigua, NY 14424
www.ckhockey.org



250 North Bloomfield Road
Canandaigua, NY 14424
www.gccc.org

Beginner Hockey Registration Form

| | |
|---------------------------|----------------------|
| Player Name : | |
| Address : | |
| City, St Zip : | |
| Date of Birth : | |
| Parent/Guardian: | |
| Telephone : () - | Cell : () - |
| E-Mail: | |
| Emergency Contact: | |
| Phone / Relationship: | |

Spring Session : (Please check your preference)

9 Weeks only \$55.00—Make Check Payable to CKH

- Friday Evening 5:00-5:50PM — Jan 1 thru Feb 26 (All Skill Levels)**
- Saturday Morning 8:00-8:50AM—Jan 2 thru Feb 27 (Confident Skaters)**
- Saturday Morning 9:00-9:50AM—Jan 2 thru Feb 27 (New Comers and Still Learning)**

Required Equipment

Helmet, Gloves, Elbow Pads, Shin Guards, Stick and Mouth Guard

CKH offers an equipment loaner program for Beginning Hockey participants for a refundable deposit of \$25.

This equipment includes helmet, gloves, elbow pads and shin guards. Stick and mouth guard must be provided by participant. Equipment is limited and is distributed on a first come, first serve basis.

Deposit will be refunded only after all equipment is returned and in good condition.

Risk of Injury

I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. I agree, in the event of injury, to waive any and all claims against the Canandaigua Knights Hockey Conference, Inc., the Greater Canandaigua Civic Center, or organizers, sponsors, supervisors, and officials of the above named organizations. I declare that, to the best of my knowledge, there are no restricting physical conditions that should be called to the attention of the League, except:

Parent Guardian Name: (Please Print) _____

Parent Guardian Signature: _____

Date : _____