



Canandaigua Knights

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

Spring Hockey Registration Form

\$100 for 10 Games (Jersey Included)

*Mondays and Wednesdays March 1 through March 31 or
Tuesdays and Thursdays March 2 through April 1*

Teams and schedules will be assigned based on age and ability.

<i>Official Use Only</i>		
Paid	Check	Cash
Check #	_____	
Date :	_____	Init : _____

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

Spring Hockey Rules

- 3 ten minute stop time periods.**
- All USA Hockey rules apply.**
- Full hockey equipment is required including mouth guard and neck guard.**
- No body checking at all age levels.**
- USA Hockey referees will be provided at all games.**

Placement Information

What team or program was your child on for the 2009-10 season? _____

Are you a goalie? _____ *Has your child ever played goalie?* _____

Parents would like to volunteer to... *Keep Score* *Run Clock* *Work Player Bench*

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 : _____