

FALL YOUTH LEAGUE 2011
PLAYER INFORMATION



Goalies
 *** \$ 25 ***

First Name: _____ Last Name: _____ Mi: _____ D.O.B. ____/____/____
 Address: _____ City _____ Zip _____
 Position(s) _____ Experience: (years) _____ AAU HOCKEY 2011-12# _____ (Required)
 Have You Played at the SkateZone before? YES NO Last Season Played: FALL WINTER SUMMER Year: _____
 AGE _____ League: 8ui 8u 10u 14u 18u (circle one)
 Height _____ Weight _____ Do you play travel hockey? YES NO Jersey Size Youth - M L Adult - M L XL

PARENT GUARDIAN INFORMATION Please circle the number you would like the coach/staff to contact you at!!!

Fathers Name: _____ Home Phone: _____ Cell Phone: _____
 Mothers Name: _____ Home Phone: _____ Cell Phone: _____
 Additional Contact Information: Work/Mobil/Pager: _____ Fax: _____
 Email: _____ (We will be starting a SkateZone email update system)
 In case of emergency contact: _____ Phone: _____
 Are you interested in: Coaching _____ Asst. Coach _____ School Attended _____

REGISTRATION WILL NOT BE ACCEPTED WITHOUT AAU HOCKEY MEMBERSHIP FOR THE 2011-12 YEAR
PLEASE - NO CAR POOL REQUESTS UNLESS YOU ARE SIBLINGS. THANK YOU!!!!

WAIVER/RELEASE

I, the parent/guardian of the participant, understand that participation in this sport can and often does involve risks of injury including but not limited to death, serious neck and spinal as well as other serious injuries or impairments of the body. I hereby waive any right to make claim for release and agree to hold Palm Beach Skating Rinks, Inc., dba Palm Beach SkateZone, its employees, agents, representatives, coaches and volunteers harmless from any liability, actions, causes of actions, debts or demands of any kind and nature whatsoever which may arise by or in connection with my child/ ward s' participation in any activities conducted by the Palm Beach Skating Rinks, Inc., dba Palm Beach SkateZone. The terms hereof shall serve as a release for my heirs, estate, administrator, assignees and for all members of my family. I, the undersigned hereby acknowledge that I have read and fully understand the registration/liability release form and hereby agree to my child/ ward s' participation in the Palm Beach Skating Rinks, Inc., dba Palm Beach SkateZone, hockey/ skating program.

I further acknowledge that I have read and understand the rules and regulations as stated on the reverse side of this registrations form.

Parent/Guardian Signature _____ Date: ____/____/____
 Witness: _____ Date: ____/____/____

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LEAGUE USE ONLY

Confirmed USA Hockey Inline Current Membership? YES NO If NO explain: _____

FEE \$ 150 _____
 DISCOUNTS : Early Registration \$20: **Signing Bonus** \$25: 2nd Child \$10: 3rd Child ½ Price) \$ _____
 TOTAL DUE \$ _____

Paid: Cash Paid: Check # _____ Paid: MC VISA _____ EX: _____
 Paid: Deposit \$ _____ (Balance Due by week of Sept. 21st Early Bird Discount does not apply unless balance is paid before Sept. 5th)
 SkateZone Employee Initials _____

Coaching and Signing Bonuses will not be refunded after League Payment is made. Players will receive credit towards the next league in which they participate.