

# Registration Form

# Spring Hockey Training

## Advanced Level Skills Clinic

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: ( ) \_\_\_\_\_ Work#: ( ) \_\_\_\_\_

Players Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Position: \_\_\_\_\_

Present Organization: \_\_\_\_\_ Level: \_\_\_\_\_

Mothers name: \_\_\_\_\_ Work# ( ) \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work# ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Make Check payable to Patriots Hockey**  
**(Sorry, no credit cards are accepted at this time)**

**Disclaimer: Skaters assume the inherent risk of participation in the Ice Hockey Programs at New Roc Ice at New Roc City. New Roc Entertainment is not responsible for accidents, injuries or stolen or lost personal property. It is agreed that New Roc Entertainment shall not be considered to guarantee or warranty equipment in the program. In the event of any cancellation all monies are nonrefundable, there are no exceptions.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Registration form along with payment to: Patriots Hockey Attn. Sean Edwards. 1551 University Ave. Bronx NY 10453 Box 12D**