

# 2017 DENNIS TOWNSHIP HOCKEY REGISTRATION FORM

Participant's Name \_\_\_\_\_ Male or Female \_\_\_\_\_

Grade as of Sept. 2017 \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Dennis Twp. Resident? \_\_\_\_\_

Jersey Size: YM YL YXL AS AM AL XL \_\_\_\_\_ School \_\_\_\_\_

House # \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact & Number (If Parent Cannot Be Reached) \_\_\_\_\_

### Divisions (Please check one)

- Grades 2<sup>ND</sup> thru 4<sup>TH</sup> Street  
 Grades 5<sup>TH</sup> thru 8<sup>TH</sup> Street (If not enough players register for this division would you play roller hockey)? \_\_\_\_\_  
 Grades 5<sup>TH</sup> thru 8<sup>TH</sup> Roller (If not enough players register for this division would you play street hockey)? \_\_\_\_\_  
 Grades 9<sup>TH</sup> thru 12<sup>TH</sup> Roller

**\*All uniforms and/or equipment must be returned to the rec office within two weeks after the season ends.**

### Player's Medical History:

Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Family Hospitalization Plan \_\_\_\_\_

Any Other Relevant Information \_\_\_\_\_

### It is recommended that you seek your physician's approval for your child to participate in organized sports.

As a parent/guardian, I am fully aware that there are certain inherent risks to my child participating in organized sports programs and that serious injury may result and that protective equipment does not prevent all injuries to players. Therefore, I hereby knowingly and voluntarily release the Township of Dennis, their agents, representatives and employees from all injuries incurred by my child that result from normal course of play. I realize that if an injury does occur that I must notify the Dennis Township Recreation Department, (609) 861-1045, within forty-eight (48) hours.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print) (Required)

**\*Volunteers are needed. Please place a check next to any position of interest.**

Head Coach  Assistant Coach  Referee/Official  Team

### Official Use Only:

Registration Fee \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_  
Staff Initials \_\_\_\_\_ Date \_\_\_\_\_