

Participant's Name: _____ Parent/Guardian (if under 18) Name: _____

Date of Birth: ___/___/___ Age: _____ Boy Girl Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (Day) _____ (Night) _____

Total Amount Due: \$ _____ CASH CHECK (NO REFUNDS WILL BE GIVEN)

Credit Card: VISA MC DSCVR AMEX Card # _____ Exp. Date: _____

Signature: _____

All balances **MUST** be paid in full at the time of registration. **NO REFUNDS WILL BE GIVEN.**

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in GoodSports USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named participant during or in connection with GoodSports USA or it's staff while they/I am on the premises of GoodSports USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named participant may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above participant are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above participant requires medical care, I authorize GoodSports USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GoodSports USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named participant's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate. GoodSports reserves the right to cancel or change any scheduled events.

Signature: _____ Print Name: _____

Use 1 form per person. Please call for additional forms or visit us online 24/7 @ www.goodsportsusa.com

Required Equipment:

Helmet with Full Cage or Shield, Mouthpiece, Shoulder Pads, Shin Pads, Knee Pads, Elbow Pads, Athletic Cup with Supporter, Hockey Stick, Skates (NO black wheels), Gloves

- YOUTH HOCKEY INSTRUCTIONAL CLINIC** \$150
June 10 - August 26
Fridays 4:30pm - 5:30pm
 Beg. Int. Adv.
 Skater Goalie

- YOUTH HOCKEY CAMP** \$150
July 18 - 22
Mon - Fri 4:30pm - 6:30pm
 Skater Goalkeeper
 Basic Skills - 4 to 12 year olds
 Intermediate/Advanced Skills - 7 to 14 years

- YOUTH HOCKEY LEAGUE** \$95
(Independent Player)
 Skater Goalkeeper
 Below Average Average Above Average
 "Mites" 6-9 year old - DRAFT
 "Squirts" 10-13 year old - DRAFT
 High School 14-18 year old - Independent

Please mark which program(s) you are registering for.

SELECT shirt size:

- Youth L Adult S Adult M Adult L

Mail Form and Payment to:

GoodSports USA
2903 Highway 138
Wall, New Jersey 07719