

HOCKEY SKILLS DAY CAMP FOR TYKES, MITES, AND SQUIRTS

July 27-31, 2010

Registration/Waiver Form

Player Name: _____

Current/Previous Team: _____ Age: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact: _____ Phone: _____

By signing below I agree that Antoine Bergeron and his staff shall not be liable to me/(my child) for any injury or damage resulting from my child's participation in Coach Bergeron's Hockey Skills Day Camp.

X _____ Date: _____

Personally/and on behalf of and as authorized agent for my spouse and my child