

MENS HOCKEY SKILLS COMPETITION 2009

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 child 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 child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child 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 child'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: _____

- Please mark which competition(s) you are registering for
- Use one form per entrant. Please contact us for additional forms if needed.

JUNE 20 8:00-4:00 *Divisions will be scheduled accordingly*

PLEASE MARK ONE: SKATER GOALIE

DIVISION: HIGH SCHOOL MENS OPEN MENS OVER 30 MENS OVER 40

AUGUST 1 8:00-4:00 *Divisions will be scheduled accordingly*

PLEASE MARK ONE: SKATER GOALIE

DIVISION: HIGH SCHOOL MENS OPEN MENS OVER 30 MENS OVER 40

(If registering for both skills competitions please check both dates)

REQUESTS:

GoodSports will try to meet all of your scheduling requests but we cannot guarantee your request.

Mail Form and Payment to: GoodSports 2903 Highway 138 • Wall, New Jersey 07719
For Additional Registration Forms Contact Us: **732-681-8898** • www.goodsportsusa.com