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Good Shepherd Hockey Registration Form

☐ Junior (6-11yrs)☐ Senior (12-16 yrs)

Player's Last Name _____

Player's First Name _____

Age _____

Birth Date _____

Home Address _____

Town _____

State _____

Zip _____

Home Phone # _____

Parents Email Address _____

Did you play last season?

☐ Yes☐ No

If YES, Team Name _____

Do you have a sibling in the same division?

☐ Yes☐ No

Name _____

Has this player participated in any organized Hockey program before?

☐ Yes☐ No

If, Yes...Where? _____

Do you participate in another activity that might interfere with the games?

☐ Yes☐ No

If yes, What _____

Goalie☐ Yes ☐ No(Any Experience) ☐ Yes☐ No

If yes, How many years _____

Where _____

Registration Agreement

I hereby grant permission for my child CHILD'S NAME HERE to participate in Good Shepherd Hockey program. My child is in good health and fit to participate in athletic play. I accept that I am responsible to be of assistance to this program in some capacity. I understand that this is a developmental, fun and instructional Program and that my failure to assist may prevent some other children from participating. I fully understand the Good Shepherd Hockey Code of Conduct as stated on the website (www.goodshepherdhockey.com), and my child and I will abide by this Code of Conduct.

I fully understand that the Good Shepherd Hockey and any of the personnel involved in this Program are NOT RESPONSIBLE for any injuries incurred during play, practice or any other time this Program is using any facility for an official function. I understand that at least one parent or guardian must be present for the duration of each game and practice. I also state that all of the information on this form is accurate and complete.

Please check the box to the right that you have read and agree to this paragraph. ☐

Registration Fee: ☐ \$60 - One Player ☐ \$100 - Two Siblings ☐ \$145 - Three Siblings ☐ \$185 - Four Siblings

Make Checks payable to Good Shepherd Hockey. There will be a \$10 fee for any returned checks, plus any other bank fees.

We cannot guarantee requests for placement of player with other players and/or coaches. _____ Parent initials

Parent/Guardian's Signature _____

MUST BE SIGNED

Date _____

***** OFFICIAL USE *****

Check \$ _____

Check # _____

Cash \$ _____

GSH Personnel Initials _____

Rating ☐ 5☐ 4+☐ 4☐ 3+☐ 3☐ 2+☐ 2

GSH Personnel Rating Name _____