

# CB WEST ICE HOCKEY

## 2011-2012 REGISTRATION FORM

**PLAYER'S PERSONAL INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

Address 2 : \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_

CELL PHONE: (    ) \_\_\_\_\_

SOCIAL SECURITY NO.   n/a   \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: (    ) \_\_\_\_\_

**SCHOOL INFORMATION**

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

**PLAYER'S HOCKEY INFORMATION**

(Please Circle One)

RETURNING BUCKS PLAYER: YES    NO

LAST SCHOOL TEAM:    VAR    JV    MS

CLUB HOCKEY EXPERIENCE:

Mite    \_\_\_\_\_    PEEWEE    \_\_\_\_\_    MIDGET 16    \_\_\_\_\_

SQUIRT    \_\_\_\_\_    BANTAM    \_\_\_\_\_    MIDGET 18    \_\_\_\_\_

TOTAL YEARS TRAVEL EXPERIENCE \_\_\_\_\_

HIGHEST CLUB LEVEL PLAYED:

(eg.: Non-League Travel = AA)

AAA    AA    A    B    In-House    None

PREFERRED POSITION: \_\_\_\_\_

CLUB TEAM: \_\_\_\_\_

**PARENT CB WEST ICE HOCKEY REGISTRATION AGREEMENT**

I, \_\_\_\_\_, Parent or Guardian of the above-named Player, agree that I have read and signed the USA Hockey & CBW Ice Hockey Waivers of Liability, CB West Student-Athlete Code of Conduct and Parent Code of Conduct Forms and agree to be bound by each. I further agree that upon signing this Registration Form, I am registering with the CB West Ice Hockey Club and shall be bound by all Bylaws, Rules and Regulations adopted by the CB West Ice Hockey Club. I also understand and agree that upon signing this Registration Form I shall pay those fees assessed for the CB West Ice Hockey Club as follows:

**\$200.00 Deposit Fee..... (Due at registration)**

**1<sup>st</sup> Payment.....\$275**

**2<sup>nd</sup> Payment.....\$275**

**3<sup>rd</sup> Payment.....\$275**

**4<sup>th</sup> Payment.....\$275\***

**\*Estimated**

I agree that upon my child's placement on the varsity, JV or middle school team, the full payment is owed regardless of whether the player subsequently misses any portion of the season because of injury, illness, ineligibility or any other reason and that I, or my son/daughter, may be suspended or expelled from the Team/Club due to non-payment of fees or violation of any Club rule or regulation or misconduct, as judged by the coaching staff. As a player, I agree to follow the Code of Conduct and I will respect my teammates, coaches, officials and the rink facility's property.

**SIGNED: PARENT or GUARDIAN**

**SIGNED: PLAYER**

  X   \_\_\_\_\_

  X   \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_