

# BUCKS ICE HOCKEY

## 2012 SPRING REGISTRATION FORM

"BUCKS" ice hockey is a spring developmental program administered by the CB West Ice Hockey Club and is intended for students attending CB West High School or its feeder middle schools who will be playing for CB West during the upcoming SHSHL season.

### 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 BUCKS ICE HOCKEY REGISTRATION AGREEMENT**

I, \_\_\_\_\_, Parent or Natural Guardian of the above-named Player, agree that I have read and signed the USA Hockey & CBW Ice Hockey Waivers of Liability and Parent Code of Conduct Forms and agree to be bound by each. I further agree that upon signing this Registration Form, I agree to register 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 the registration fees for the CB West Ice Hockey Club as follows:

**\$300.00 SPRING ICE FEE..... (Due at registration)**

I agree that the full payment is owed regardless of whether the player subsequently misses any portion of the season for any reason, including, injury or illness 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. As a player, I agree to follow the Code of Conduct and I will respect my teammates, coaches, officials, opponents and the rink facility's property.

**SIGNED: PARENT or GUARDIAN**

**SIGNED: PLAYER**

  X   \_\_\_\_\_

  X   \_\_\_\_\_

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

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