

CHIPPEWA YOUTH HOCKEY ASSN. POWER SKATING REGISTRATION

Held at:
Chippewa Youth Hockey Ice Rink
839-1st Avenue
Chippewa Falls, WI 54729

Please check the group you are registering for below:

Friday August 22, & Sunday August 24, 2008

- Session 1: Mite/Squirt (5-10 years) Fri. 9:00-10:00 AM, Sun. 9:00-10:00 AM & 1:30-2:30 PM \$75.00
- Session 2: Pee Wee (11-12 years) Fri. 10:15-11:15 AM, Sun. 10:15-11:15 AM & 2:45-3:45 PM \$75.00
- Session 3: Bantam (13-14 years) Fri. 11:30 AM-12:30 PM, Sun. 11:30 AM-12:30 PM & 4:00-5:00 PM . . \$75.00

Mail completed form and full payment to:

Chippewa Youth Hockey Association
Steve Carlson Power Skating Camp
PO Box 131
Chippewa Falls, WI 54729

For more information visit:
www.chippewahockey.com

Requirements:

- Pre-registration and pre-payment are mandatory.
- Registration is on a first-come, first served basis.
- Participant **MUST** be covered by personally obtained health insurance as indicated on this form.
- Participant **MUST** be dressed in full protective equipment for **EVERY** class including: helmet with cage, mouthpiece, shoulder pads, elbow pads, hockey pants, shin pads, hockey gloves, & hockey skates.
- Check or Money Order for \$75.00 per participant **MUST** accompany completed registration form. Please make checks payable to "Chippewa Youth Hockey Association."

Please complete the entire form. Incomplete forms will not be accepted.

Participant Name _____ D.O.B. _____

Male Female

Parent / Legal Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Emergency Phone # _____

Medical Insurance Company Covering Participant _____

Group # _____ Policy ID # _____

Any medical conditions we should be aware of? _____

Terms & Conditions:

The participant and parent or legal guardian, in the case of a minor, fully acknowledge that ice hockey has a degree of risk involved with active participation; and that injuries can and sometimes do occur. I, the participant and parent or legal guardian, understand and assume all risks involved with the activity for which the participant is enrolling, agree that neither Steve Carlson Hockey, LLC nor the Chippewa Youth Hockey Association, including any of its employees shall be held liable for any and all injuries that may occur to the participant or with regard to any damages to personal property, and agree to indemnify and hold Steve Carlson Hockey, LLC and Chippewa Youth Hockey Association, including any of its employees harmless from any claims, damages, costs, including attorney fees, that might arise out of participation in this activity.

The participant and parent or legal guardian agree that the registration fee is non refundable.

I, the participant and parent or legal guardian, state that all of the information provided by me on this registration form is both true and correct.

Participant or Parent / Legal Guardian Name (Print) _____

Participant or Parent / Legal Guardian Name (Signature) _____ Date _____

REGISTRATION DEADLINE: AUGUST 15, 2008