

MIKE DANTON HOCKEY ACADEMY REGISTRATION FORM

PLAYER'S NAME: _____

DATE OF BIRTH (M/D/Y): _____

AGE (at time of camp): _____ SEX: _____

HEIGHT: _____ WEIGHT: _____

CALIBRE (IP/A/AA/AAA): _____

PREVIOUS TEAM: _____

POSITION: _____

SHOOTS: _____ JERSEY SIZE: _____

PARENT/GUARDIAN NAME: _____

RELATION: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____

POSTAL CODE: _____ COUNTRY: _____

HOME#: _____ CELL #: _____

EMERGENCY CONTACT #: _____

NAME: _____

RELATION: _____

I do hereby release Mike Danton Hockey Academy, its officers, employees and agents from all liability, claims, cause of action of any kind whatsoever in respect to damages my child may suffer as a consequence of my child sustaining personal injury, death or property damage or loss while participating in programs and activities of the Mike Danton Hockey Academy. I do hereby agree to indemnity and hold harmless Mike Danton Hockey Academy, its officers, employees, or agents from any and all claims, demands, causes of actions of any kind whatsoever, including those involving negligence on the part of Mike Danton Hockey Academy or any of its officers, employees or agents that may be made or initiated by, or on behalf of my child, arising out of or connected with my said child's preparation for or participation in any of the Mike Danton Hockey Academy programs or activities.

Parent/Guardian signature _____

FOR OFFICE USE ONLY:

Date	Deposit	Postdated	Balance