



### SPRING 2019 REGISTRATION FORM

\*\*This is a fillable PDF - please type

**Player Information:**

Players Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Player Level:**

Mite/SQ (\$500)     Peewee (\$650)     Bantam (\$650)     Midget U16/U18 (\$650)

Mite/SQ Goalies- \$250     PW Goalies-\$400     Bantam Goalies- \$400     Midget Goalies-\$400

Payment Requirements: Mites (\$300 due with Registration, \$200 due April 15<sup>th</sup>)  
 Squirt/Peewees (\$400 due with Registration, \$250 due April 15<sup>th</sup>)  
 Bantam/Midgets (\$400 due with Registration, \$250 due April 15<sup>th</sup>)

**Emergency Information:**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Liability Release**

I grant my child permission to participate in the Manasota Youth Travel Hockey (MYTH) training. I understand that ice hockey is a contact sport and that child skates at his/her own risk. I agree that MYTH, its officers, other appointed officials, and volunteers shall not be held liable to me or my child for any injury or damage resulting directly or indirectly from my child's participation in ice hockey, whether incurred on the ice or otherwise in or around the building any time before, during, or after the programs offered by MYTH. I hereby discharge MYTH, its elected or appointed officials and volunteers from all actions, claims, and demands I or my child may have for any such injury or damage.

**Medical Release**

In the event of a medical emergency, if I (parent/legal guardian) cannot be contacted, I give my permission for a MYTH representative to seek immediate emergency medical child, and further agree to allow a licensed physician to treat my child in any immediate medical emergency.

MYTH Representative \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check (payable to MYTH) # \_\_\_\_\_ Credit Card \_\_\_\_\_