



REGISTRATION FORM – FALL

Player Name: _____ Date of Birth: _____
Address: _____
Address: _____
Mothers Name: _____ Fathers Name: _____
Mothers Cell: _____ Fathers Cell: _____
Home Phone: _____ Email: _____
USA Hockey Confirmation Number: _____

<u>Skater:</u>	<u>Goalies:</u>
Conditioning Clinics (\$140): _____	Conditioning Clinics (\$95): _____
Tryouts (\$295): _____	Tryouts (\$200): _____
Clinics and Tryout (\$385): _____	Clinics and Tryout (\$260): _____
Check Number: _____	Amount: _____

If paying by Credit Card complete below:

Credit Card Number: _____ Amount: _____
Type: _____ Expiration Date: _____

I hereby authorize the Chicago Blues Hockey Association to charge the above amount to my credit card.

Signature: _____ Date: _____

**ACKNOWLEDGEMENT
ZERO TOLERANCE, WAIVER OF LIABILITY, RELEASE, ARBITRATION, ASSUMPTION OF
RISK & INDEMNITY AGREEMENT**

This is to acknowledge that as a specific condition of participation in all events associated in any way with The Chicago Blues Hockey Club, Inc, I am waiving certain rights on my behalf, on behalf of my child and on behalf of my family. I agree to abide by the Zero Tolerance Rules of USA Hockey, AHAI and The Chicago Blues Hockey Club, Inc. I am also agreeing to arbitration for any and all disputes or claims of any kind according to the rules for USA Hockey, AHAI and the Chicago Blues Hockey Club, Inc. I am signing this document to verify that I am waiving these rights and agreeing to arbitration and indemnity freely, knowingly and voluntarily. This is merely written confirmation of those terms already accepted through the USA Hockey and Chicago Blues registration process.

Signature (Parent and/or Guardian)

Date

Printed Name