

# 907 Hockey Spring League Registration Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

2017 Team: \_\_\_\_\_ **F D G**

**USA Hockey # \_\_\_\_\_ (Mandatory for all players)**

Cash or Check / Make payment to: **POWER PLAY HOCKEY**

Mailing Address

**POWER PLAY HOCKEY  
400 Orchid Drive, Anchorage AK, 99515**

**For more information contact: [waldropmerit@hotmail.com](mailto:waldropmerit@hotmail.com)**

### Parental Consent

As a parent or legal guardian of the named child, I hereby give my consent for him/her to participate in any and all activities of this camp for which he/she is registered. I am aware of the inherent risks involved with playing the sport of hockey and will ensure that he/she is fully prepared for participation and take full responsibility for any and all injuries and accidents, which may be sustained by my child. I give my permission for my child to be treated promptly at any emergency medical facility.

Parent or Legal Guardian Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_ **Special requests will be considered but not guaranteed.**