



JOHNSTOWN JETS AMATEUR HOCKEY



ADM REGISTRATION FORM 2018-2019 SEASON

(PLEASE PRINT)

Player's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*please include all emails that you want info to be sent to as this is main communication

Shoots: R L Practice Jersey Size (Included in cost) (S, M, L, XL) \_\_\_\_\_

Returning player's game number \_\_\_\_\_ (Please note if player is a goalie)

If new player please provide at least 5 game numbers \_\_\_\_\_

Current Team/Level: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Last Team Played For: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

**\$50 Non-Refundable Registration Fee Required upon registration.  
Balance is DUE by December 31<sup>st</sup>, 2018.**

**Release of Liability / Acknowledgement of Risk:**

I/We the parents/guardians of the above named candidate for the Johnstown Jets Amateur Hockey Development Program, Inc. hereby gives my/our approval to his/her participation in any and all activities related to the Johnstown Jets Amateur Hockey Development Program, Inc.. I/We assume all risks and hazards incidental to such participation and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Johnstown Jets Amateur Hockey Development Program Inc. and any and all of its agents, including without limitation its assignees, organizers, supervisors, coaches, and participants for any and all related claims to said activities.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL CHECKS ARE PAYABLE TO "JOHNSTOWN JETS"**

Mail this form and checks to: Johnstown Jets, P.O. Box 5153, Johnstown, Pa. 15904

Questions? Please email  
johnstownjets@gmail.com or



check our website  
www.johnstownjets.net