

MAINE TOWNSHIP HOCKEY CLUB

Spring 2009 Registration

PLEASE PRINT

Registrant Name _____

Phone# _____

Address _____

DOB _____

**City/
Zip** _____

School _____

**Father's
Name** _____

Grade _____

Mother's Name _____

Where did you play last year? _____

Are you a: Skater _____ Goalie _____ **Primary Position** _____

Spring 2009 Season Fees:

Player = \$550.00 Goalie = \$550.00

Consent & Release: I consent to Registrant's participation in the MTHC program, having a general knowledge of the game of ice hockey and the rules and policies of the MTHC program. I understand that hockey is a physically strenuous sport and I represent that the Registrant is in good physical condition. In consideration of the Registrant being permitted to participate, I release and agree to hold harmless the MTHC Program, their respective officers, directors, employees, agents and volunteers from any claims arising by reason of Registrant's participation in the MTHC program.

CONDUCT CODE: The MTHC program expects its participants and their family members and guests to behave in a mature manner conducive to good sportsmanship. While we realize it is possible to get caught up in the game, we ask you to keep the following in mind:

1. Please cheer only in a supportive manner.
2. Please refrain from insults directed at the referees, opposing coaches, spectators, and all players (both your own team and the opponents).
3. Respect that this is a program designed for hockey development, participation, self-esteem and enjoyment.
4. **NO PROFANITIES WILL BE TOLERATED AT ANY TIME.**
5. Any comments or complaints should be addressed through the team manager or a board member.

Player Signature _____

Parent Signature _____

I understand and commit to the above CONSENT AND RELEASE AND CONDUCT CODE. I profess no misrepresentations with this registration form. Furthermore, if accepted onto the high school team, I have read, understand and accept the MTHC's principles on competition, season, schedule, commitment and costs. I agree to pay all fees when required. I understand that any registration fees are non-refundable.

Player Signature _____

Parent Signature _____ **Date** _____

Office Use Only:

USA Hockey Consent to Treat Web Consent

Fees: Amt.Due Amt.Paid Check# Cash MTHC Initials
