

*Bucks*

# NORTHWEST WISCONSIN BUCKS Hockey

*Bucks*

## Registration Form

Players Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Level 98 \_\_\_ 97 \_\_\_ 96 \_\_\_ 95 \_\_\_ 94 \_\_\_ 93+ \_\_\_.

Please choose one or both of the following options

I wish to participate in the practice sessions \_\_\_ ( Include \$350.00 payment)

I wish to be considered for the AAA team \_\_\_

Please indicate position Forward \_\_\_ Defense \_\_\_ Goalie \_\_\_.

**Parents's Name** \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

I, the parent or guardian of the above named minor, hereby give my approval for his/her participation in the NW Wisconsin Bucks hockey program during the 2008 hockey season. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless NW Wisconsin Bucks hockey program from any claim arising out of an injury to my son/daughter during their participation in the program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Each Participant will be required to be covered by a health and accident insurance policy. The parent/guardian of the participant shall be responsible for providing said coverage and evidence of the same shall be supplied to the NW Wisconsin Bucks hockey program.

Send payment and registration to: Brian Knapp; NW Wisconsin Bucks AAA; 4209 Pine Meadow Dr. Eau Claire, WI 54701. Home Phone 715-831-5872; Cell Phone 507-951-4316.

Date received \_\_\_\_\_ by \_\_\_\_\_  
Try out fee \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Payment must be received to ensure participation in the practice session. Space will be limited