



2009 SUMMER REGISTRATION

website: www.BismarckHockey.com email: info@BismarckHockey.com

Complete one registration form and send payment in full for each participant by JUNE 24, 2009 to:
Bismarck Hockey Boosters | PO Box 2408 | Bismarck, ND 58502

Participant's Name _____		Boy _____	Girl _____
Street Address _____		City _____	State _____ Zip Code _____
Phone _____		Birth Date _____	
Mother's Name _____	Phone _____	Father's Name _____	Phone _____
Medical Ins. Carrier _____		Policy # _____	

- ____ Mites Boys & Girls (Born 7-1-00 or later) or Girls 10U (Born 7-1-98 to 6-30-00) - **\$45 BHB or \$60 Other Community** or ____ Per Session
- ____ Squirts Boys / Girls (Born 7-1-98 to 6-30-00) - **\$45 BHB or \$60 Other Community** or ____ Per Session
- ____ Girls 12U / 14U / HS (Born on or before 6-30-98) - **\$45 BHB or \$60 Other Community** or ____ Per Session
- ____ Peewee Boys (Born 7-1-96 to 6-30-98) - **\$45 BHB or \$60 Other Community** or ____ Per Session
- ____ Bantams Boys (Born 7-1-94 to 6-30-96) - **\$45 BHB or \$60 Other Community** or ____ Per Session

NO CHECKING AT ANY LEVEL

\$10 PER SESSION IF NOT PRE-REGISTERED

3:15, 7:45 & 9:00 Schedule (12 Sessions): June 30 – Aug. 7

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
3:15-4:15 p.m.	Red/White Mite	Blue Mite/Girls 10U	Red/White Mite	Blue Mite/Girls 10U
7:45-8:45 p.m.	Squirts	Peewees	Squirts	Peewees
9:00-10:00 p.m.	Bantams	Girls 12U/14U/HS	Bantams	Girls 12U/14U/HS

TOTAL SUBMITTED: _____

Check # _____ Please make check payable to: **Bismarck Hockey Boosters**

By signing, I agree to all terms. **Parent/Guardian Signature:** X _____ **Date:** _____

MANDATORY: The registration fee (except per session participants) must accompany this registration form and be submitted no later than June 24, 2009. The registration form must be filled out completely and signed in both places or the registration form will be returned to you. NOTE: Participants can attend on a per session basis for a fee of \$10 per session (must be paid to the coordinator prior to skating). Per session participants make sure you send in a signed form by the June 24, 2009 deadline or you won't be allowed to skate because of liability and insurance.

Guardian Authorization and Waiver of Liability

To induce the Bismarck Hockey Boosters (BHB) to accept registration and permit participation in BHB by the named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless, its officials, coaches, and representatives, from claims arising out of injury to the above-named individual. I hereby certify that the above youth is in normal health and capable of participating safely in BHB activities. We, the undersigned, parents of the applicant, a minor, do hereby authorize the coaches, or parents of team members acting in the capacity of activity supervisors / vehicle drivers, as agents for the undersigned to consent to medical, surgical, or dental examination treatment, etc., of minor. I agree that I will be fully responsible for the conduct of my child or any damages caused by such conduct. I further agree that my child and their parent(s)/guardian(s) will also conform to the USA Hockey, NDAHA and Bismarck Hockey Boosters codes of conduct for parents and players.

Parent/Guardian Signature: X _____ **Date:** _____