



2010 SUMMER REGISTRATION

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

Complete one registration form and send payment in full for each participant by JUNE 25, 2010 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 # _____	

___ Intro to Hockey (1st time players)*** - **\$45 BHB or \$60 Other Community**

*** ___ Interested in **Free Equipment Program**
(Requires deposit)

___ Mites Boys & Girls (Born 7-1-01 or later) - **\$45 BHB or \$60 Other Community**

___ Girls 10U (Born 7-1-99 to 6-30-01) - **\$45 BHB or \$60 Other Community**

___ Squirts Boys / Girls (Born 7-1-99 to 6-30-01) - **\$45 BHB or \$60 Other Community**

___ Girls 12U / 14U/HS (Born on or before 6-30-99) - **\$45 BHB or \$60 Other Community**

___ Peewee Boys (Born 7-1-97 to 6-30-99) - **\$45 BHB or \$60 Other Community**

___ Bantams Boys (Born 7-1-95 to 6-30-97) - **\$45 BHB or \$60 Other Community**

NO CHECKING AT ANY LEVEL

REGISTER EARLY – 30 PLAYERS/SESSION

6:45, 8:00 & 9:15 Schedule (12 Sessions): July 5 – August 11

2 Sessions a week for all levels except Intro to Hockey

[See Schedule on BHB website](#)

(Final Schedule will be posted on the BHB Website **July 1, 2010**)

TOTAL SUBMITTED: _____

MasterCard VISA Name on Card: _____ #: _____ - _____ - _____ Exp. Date _____

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 must accompany this registration form and be submitted no later than June 25, 2010. The registration form must be filled out completely and signed in both places or the registration form will be returned to you.

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: _____