



IN-HOUSE REGISTRATION

For use by office staff

Athlete's Last Name _____ First Name _____

Athlete's DOB (mm/dd/yyyy) ____ / ____ / _____ Age as of Jan 1st this year _____

Jersey Number (pick 3 by preference): ____ | ____ | ____ T-Shirt Size? YS YM YL S M L XL

Would your athlete like to play goalie*? Full Time Part Time Maybe No

**If no goalies sign up, we may ask each athlete to try out goalie at least once during the season.*

Does your child have any special needs we can accommodate to make their time more enjoyable?

Medical issues we should be aware of: _____

Request for Siblings/Teammates*: _____

**Requests for siblings will be guaranteed; requests for non-related teammates will be given priority but cannot be guaranteed.*

Will any parent/guardian be interested in being a coach*? Head Coach Asst Coach No

**Discounts are available if a parent volunteers to coach.*

If yes, Coach's Name _____ Phone _____

Parent _____ Phone _____ Text? Y N

Email Address _____

Emergency Contact _____ EC Phone _____

****A Photo Release Authorization**** – I hereby authorize BILL'S DEK HOCKEY to publish photographs and/or videos taken of me or my child, for use in printed publications, printed advertising, online advertising, and social media. I acknowledge that since my participation in publications, advertising, and social media is voluntary, I will receive no financial compensation. I release BILL'S DEK HOCKEY from liability for any claims by me or any third party in connection with my participation.

I read and understand the **In-House Registration** form and ****A Photo Release Authorization****:

Parent/Guardian Signature _____ Date: _____