

Downriver Hockey Academy
Summer Session Registration

Player Name _____ Address _____

City _____ State _____ Zip _____

E-mail _____ Home Phone _____ Cell _____

Emergency Contact _____ Parent Name _____

Age _____ DOB _____ # of year's playing _____ Jersey size Youth _____ Adult _____

Hockey Association _____ Level of last division played _____

Jersey size Youth _____ Adult _____

Please list pre-existing injuries, medical conditions, or allergies

Session:

June 20th - August 15th

\$140 due at registration

Please make checks payable to Downriver Hockey Academy. Each session must be paid in full prior to start date. A non-refundable deposit is required with a signed contract to reserve your place.

Enclosed Check # _____ or

Paypal Transaction # _____

Mail Registration to:

Downriver Hockey Academy
717 Southfield rd.
Lincoln Park, Mi 48146

Liability Waiver:

I/We assume all responsibility for any risk of injury, damage or death that may occur to the player while participating in the Downriver Hockey Academy (DHA). I/we also agree to release DHA, its instructors and the ice rink from any liability or claims for injuries, losses or death by the player while attending. I/We grant DHA the permission to photograph, videotape or otherwise recorded the player for use of coaching, advertising or publicity purposes free of charge. DHA has a zero tolerance level for uncontrollable and lackadaisical behavior. I/We understand DHA will terminate players for these behaviors.

Parent/Guardian Name(print) Parent/Guardian Name(sign)
