

Fall 2017

Check One : Dek (\$70) _____ Roller (\$80) _____ Both (\$110) _____

Official Use Only: Check Number: _____ Check Amount: _____ Date: _____ Init: _____



Starhawks Youth Hockey Association

PARTICIPANT REGISTRATION FORM

Child's Name: _____ Age: _____

☎ Phone: _____ Date of Birth: _____

Address: _____ City _____ Zip Code _____

email address: _____

T-shirt size (deck only)- YS YM YL AS AM AL XL XXL

Allergies / Medical Restrictions: _____

School District / School: _____

Parent / Guardian Name (s): _____

How did you hear about us? _____

Emergency Contact Name: _____

Phone: _____ Relationship to Child: _____

Participant's Equipment Needs (complete only if using Starhawks Equipment)

* Helmet (\$15): [] Jr. [] Sr. * Shin Guards (\$5) : [] Sm [] Med [] Lg
* (Refundable Deposit Required)

Photo Consent Throughout the Season Starhawks and Ozzy's would like to take photos of the activities on and off the Rink, and would like to use them on our Facebook Pages and Websites. Please check one of the following:

[] ALLOW Starhawks and Ozzy's to take and use photos taken of my child / children

[] DO NOT ALLOW Starhawks and Ozzy's to take and use photos taken of my child / children

Parent / Guardian Signature

Date

* My signature above does hereby for myself, my children, all heirs, successors, and assigns agree to release, waive, and forever discharge from all liabilities; and further to indemnify & hold harmless the Starhawks Youth Hockey Association and Ozzy's Family Fun Center, and all associated officials, volunteers, and employees from any liability, loss, damage, or costs which may be incurred due to my child's participation in this program.

* Mail completed forms to: Starhawks Youth Hockey PO Box 846 Leesport, PA 19533
www.leaguelineup.com/starhawks 484-769-3494

Checks made payable to STAR
starhawkshockeypa@gmail.com