



# Albert Lea Spring 4 on 4 Hockey League



## 2018 Registration Form

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Current Team: \_\_\_\_\_

Fee: \$125 for 1 Child, \$100 for 2, \$75 for 3 or more. \$50 for Goalie

(Optional) Personalized Jersey \$20: Number: \_\_\_\_\_ Name: \_\_\_\_\_

Next Season Level of Play:

\_\_\_\_ Mites \_\_\_\_ U10/U12 Girls \_\_\_\_ Squirt \_\_\_\_ Pee Wee \_\_\_\_ Bantam \_\_\_\_ U15/HS Girls

Name of Parent/Guardian: \_\_\_\_\_

Parent Home/Cell Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

Player Cell Phone (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

### RELEASE OF LIABILITY / ACKNOWLEDGEMENT OF RISK

The sport of hockey, skating and hockey-related activities have inherent physical risks that may result in serious injury. I knowingly and freely accept all risks. Medical and personal insurance is the responsibility of the participants. By submitting this registration form, I hereby give my consent for my child to participate in the Albert Lea Spring 4 on 4 League. I further agree that I will not hold Chad Hacker, Jason Fornwald or The Albert Lea City Arena, its employees, volunteers, or affiliates responsible or liable for any accidents, injury or loss, however caused, during attendance at the Spring 4 on 4 League. This also serves as my written permission to have my child admitted and attended to for medical treatment in case of sickness or injury.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Checks made payable to: Albert Lea 4 on 4 League**  
**Please mail registration and payment to:**

**Albert Lea 4 on 4 League**  
**C/O Chad Hacker**  
**516 Meadow LN**  
**Albert Lea, MN 56007**