



Jersey Wolves Registration Form

*Jersey Wolves
Hockey Club*

11 Toby Drive
Succasunna, NJ 07876

Squirt Pee Wee Bantam U16 U18

PLAYER NAME: First _____ Last _____

Date of Birth (MM/ DD /YYYY): ____ / ____ / ____ *USA Hockey # _____

Street Address _____

City _____ Zip _____

Phone _____ Email: _____

Hockey Team(s) Played for last season (please indicate level and organization)

- If you are not currently registered with **USA Hockey**. Please visit their website and register.

Please make check payable to: Jersey Wolves Hockey Club
11 Toby Drive
Succasunna, NJ 07876

Waiver and Release

I do hereby give my approval for the Participant listed above to participate in the Jersey Wolves Ice Hockey Program. I fully understand that there are many inherent risks, direct and indirect in this program. Being fully aware of these risks, I am willing to permit the Participant, whom I am legally responsible for, to participate in the program. In addition, I am willing to assume all risks inherent in and incidental to such participation, and I hereby release, absolve, indemnify and hold harmless The Jersey Wolves Hockey Club, LLC, it's Partners, Officers, Employees and Staff, of any claim arising out of any injury, to me or the Participant.

I hereby authorize and request The Jersey Wolves Hockey Club, LLC, it's Partners, Officers, Employees and Staff to act on my behalf according to the best judgment of The Jersey Wolves Hockey Club, LLC, it's Partners, Officers, Employees and Staff under prevailing circumstances in the event of any injury, or in the event that I am not able to act for myself, or the Participant, or I cannot be contacted.

I have read this statement in its entirety and fully understand its meaning and intent:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____