

**Baldwin Hockey Club**  
**Learn-To-Play Hockey Session**

**Registration Form**

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group \_\_\_\_\_

Hockey Experience (if any) \_\_\_\_\_  
\_\_\_\_\_

Positions Played \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**In consideration of the acceptance of the above player to participate in the Baldwin Hockey Club Learn-To-Play sessions, which will be held at Ice Castle, I, the undersigned, hereby agree to release the Baldwin Hockey Club and Ice Castle and their respective directors, officers, coaches, and agents from any claim for any injury, loss, damage, or expense sustained by the person or property of the player and/or the undersigned arising during any game, exhibition, practice or activity, with full knowledge of the inherent risks related hereto.**

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_