



RETURN PLAYER

Registration Form

(Please print and complete one form per player)

Ck. # _____

Cash _____

AAU _____

Reg # _____

PLAYER INFO

Name: _____ (LAST) (FIRST) (M.I.) (Male/Female)

Age: _____ Date of Birth: ____/____/____ Grade ('09/10): _____ School: _____

Phone No: (if multiple, please identify) _____

Email Address: (if multiple, please identify) _____

Due to league growth requests for coaches, teammates, or practice nights can no longer be honored.

Several divisions prefer a permanent goalie for teams; are you interested in being a permanent goalie? (Y / N)

CY-FAIR HOCKEY FEES - (All Money is due prior to the start of the Fall Season) Please Note: We offer a \$25 discount for each sibling that signs up.

16u Registration Fee: \$190 per player _____

10u through 14u Registration Fee: \$165 per player _____

One time jersey fee of \$20 each. (two required) _____

Total _____

Total for all players _____

I, the parent/guardian of the above player, do hereby give the approval, for my child to participate in any and all of the activities during the current hockey program, and assume all liabilities and risks directly and indirectly associated with the conduct of the activities, including transportation to and from such activities. Further, I hold harmless and waive all claims, including but not limited to personal injury, bodily harm or property damage against the officers, coaches, assistant coaches, and the organizers of the program, its sponsors or any participating officials appointed by the program. I further understand and agree that the above player will participate and will abide by all the rules of the program regarding conduct and sportsmanship and understand that refusal to abide by the official rules will result in the player being removed from the program

Signature of parent/guardian _____ Signature of player _____

We, the parents of _____, give permission for the emergency medical treatment of our child for illness or accident if we cannot be contacted.

Signature of parent/guardian _____ Emergency Phone # (_____) _____ Date: _____

Volunteers Needed!

Parental volunteers are necessary to ensure the continued success of CFRH. If you are interested in being a Head Coach, Assistant Coach, Timekeeper, Referee, or a member of the Moms Booster Club (Chicks With Sticks) please indicate your willingness to volunteer by providing your interest here: _____

**ALL REGISTRATIONS WILL BE HELD AT BEAR CREEK ROLLER RINK
5210 Highway 6 North, Houston TX 77084 – 281-463-6020**

**For more information on Registration please visit our website:
www.cvfairhockey.com**