

**Hockey1.com Spring Classic Tournament
2012 Team Registration Form**

Team / Organization Name _____

Division (circle one) Mite Squirt PeeWee Bantam Midget

Level (circle one) A B C

Coach/Team Manager Name: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

E-Mail Address _____

Assistant's Name: _____

Assistant's Address: _____

Assistant's Phone #: _____

Assistant's Email address: _____

Amount Enclosed _____

Visa / MasterCard # _____ Exp _____

COMPLETE TOURNAMENT SCHEDULE WILL BE PROVIDED PRIOR TO 1ST GAME

You can fax it to: (860) 282 - 9423

Individuals interested in playing without a team, please provide the following:

No deposit required. The cost will be approx. \$50 a player for 7 games.

Name _____

Address _____

Phone _____ Email _____

Division _____ Level _____ Team _____

Make Checks Payable to South Windsor Arena
Unpaid balances are to be paid prior to the first game

IDEMNIFICATION HOLD HARMLESS AGREEMENT

Members of our group understand that this activity sometimes involves physical collisions between or among players, with spectators or referees, with ice, walls, boards and/or equipment, and may result in physical injuries. We understand that physical injuries sometimes occur when there is impact in collision. We assume the risks of injury (including death) to ourselves and our property inherent in participating in the activity including, but not limited to, injuries or damages arising from the negligence or carelessness of other participants, referees, spectators and others on the premises. I agree to hold harmless South Windsor Arena, Inc. & Richard Grigorian, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the South Windsor Spring Classic, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases and otherwise, etc. If you are not USA Hockey registered you can not play.

Signature _____ Date _____

Team Name: _____ Division: _____ Level: _____ Date: _____

Local Association/Program Name: _____

	Last Name	First Name	MI	D.O.B.	Street Address	City / State	Zip
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COACH/MANAGER NAME: _____ Phone #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

We will try to accommodate requested NO PLAY dates and times, please list any conflicts: _____

PLEASE BE SURE TO CHECK YOUR LEAGUE'S TRYOUT DATES

*You will be playing in the division you are currently registered in unless otherwise specified *

COMPLETED ROSTER *MUST* BE TURNED IN BEFORE 1ST GAME You can fax it to: (860) 282 - 9423