

HAGERSTOWN YOUTH HOCKEY ASSOCIATION
580 SECURITY ROAD
HAGERSTOWN, MD 21740
www.hagerstownhockey.com



2010 Spring 3 on 3 League

Cost \$199

Please Print Clearly and Legibly

Name of Player _____ Birth date _____

USA Hockey Number _____ (if available)

Parents Name _____

Address _____

Home Phone _____ Alternate Phone _____

Players email Address _____

Parents email Address (if different) _____

2009 – 2010 Season / Level of Play _____

Jersey Size _____

Release of Liability: The registered player has my consent to participate in the 2010 Spring 3on3 League Program held by the Hagerstown Youth Hockey Association (HYHA) and Hagerstown Ice & Sports Complex (HISC). I release and indemnify HYHA and HISC, their staff, volunteers, and representatives from any and all liabilities incident from participating in this program.

Parents Signature: _____ Date: _____

HYHA USE

PAYMENT RECEIVED AT REGISTRATION:

PAYMENT FORM: _____ RECEIVED BY: _____