



**SQUIRTS, PEE WEES & BANTAMS
REGISTRATION FORM
Summer Ice Pass for Hockey
2009 Stick & Pucks
And 3 on 3 Tournament**

PRINT IN INK ONLY. FILL IN ALL SECTIONS.
Your payment, in full, must accompany this registration form

APPLICANT INFORMATION:

<i>Last name</i>		<i>First name</i>		<i>Middle initial</i>	
<i>Hockey Level</i>		<i>Birth date (m/d/y)</i>		<i>Age</i>	<i>Gender (M/F)</i>
<i>Home address (#, and Street or PO Box #</i>					
<i>City</i>		<i>State</i>		<i>ZIP code</i>	
<i>Home phone (include area code)</i>			<i>Parent's E-mail Address</i>		
<i>Mother's/guardian's last name</i>		<i>First name</i>	<i>Daytime phone</i>	<i>Home phone</i>	
<i>Father's/guardians last name</i>		<i>First name</i>	<i>Daytime phone</i>	<i>Home phone</i>	

ENROLLMENT INFORMATION:

There will be at least 25 stick and puck sessions this summer from August 02 - August 28. There will also be a 3 on 3 tournament August 22nd. The walk-on Stick and Puck fee is \$15/session and the 3 on 3 tournament fee is \$60.00 per skater.

ENROLL FOR ALL STICK N PUCKS AND THE 3 ON 3 TOURNAMENT (SAVE 55% OFF OF OUR DAILY RATES):

ALL STICK N PUCKS AND 3 ON 3 TOURNAMENT) **\$195.00 8/02 THROUGH 8/29**

PAYMENT INFORMATION:

(If paid in full for pass before July 01/09, subtract \$15.00 off Total balance)

Please make checks payable to the Jackson Hole Figure Skating Club.

Amount enclosed for Squirts, Pee Wees & Bantams Summer Pass \$ _____

Mail Application for Summer Pass to:

Jackson Hole Hockey Summer Pass

C/O Gary Merrell

For more Information call Gary
733-7220 or 690-6699

P.O. Box 2003

Jackson WY. 83001

Pre Paid Passes will be ready for pick up August 2nd at the Rink

EMERGENCY HEALTH – 2009 Youth Hockey Clinic, and Stick N Pucks

Last name *First name* *Middle initial*

Birth date (m/d/y) *Age* *Gender (M/F)*

Home address (#. and Street or PO Box #)

City *State* *ZIP code*

Mother's/guardian's last name *First name* *Daytime phone* *Home phone*

Father's/guardians last name *First name* *Daytime phone* *Home phone*

Medical Treatment Authorization

I hereby authorize the clinical staff of The St John's Medical Center to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter, _____.
I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the 2009 Jackson Hole Figure Skating Summer Ice. Physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.) include: _____.

Date of most recent tetanus immunization: _____
(If more than ten years ago, a booster shot is recommended.)

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at The St. John's Medical Center to perform any necessary emergency treatment. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

Name of emergency contact *Phone*

Name of family physician *Phone*

Parent's or guardian's name (please print)

Signature *Date*

Please indicate (if applicable) HMO PPO

Insurance company Insurance Company address (#. and Street or PO Box #)

City *State* *ZIP code*

Policy subscriber's name *Policy no.* *Group no.*

RELEASE FOR MINORS:

We, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in summer 2009 Youth Hockey Activities, offered by The Jackson Hole Figure Skating Club. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Jackson Hole Figure Skating Club, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at Hockey Clinics, Stick N Pucks and 3 on 3 Tournament, or in the course of skating activities held at the Snow King Center.

Both signatures are required.

Mother's/guardian's signature *Date* *Father's/guardian's signature* *Date*