



2011 Yearly Program

Players Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Contact: _____ Contact Number: _____

E-Mail: _____

Player's Birth date: _____
Day/Month/Year

Visa # _____ EXP _____

Cheques(Post Dated Jan -Dec) _____

MCP # (mandatory) _____

Goalie/Forward/Defence (please circle one)

Please Read and Sign:

The owners, management, and staff of Xtreme Hockey, and Capital Hyundai Arena respectively, DO NOT accept responsibility for injury, loss, damage, or accident, either to person or to property incurred by anyone during the operation of the hockey programs/camps and the undersigned parent or guardian hereby agrees to release indemnify and save harmless the above mentioned, or any of the against any and all loss, costs, expenses, claims, demands, and suits whatsoever on account or in respect of any such injury, loss, damage, or accident.

Signature: _____

(Parent of guardian)