

**WOODBRIIDGE PBA #38
STREET HOCKEY LEAGUE
REGISTRATION FORM**

Player's Name: (last) _____ (first) _____

Birth Date: (month) _____ (day) _____ (year) _____ Phone # _____

Address: _____

City: _____ State: NJ Zip: _____

Parent/Guardian: (last) _____ (first) _____

Parent/Guardian E-mail address: _____

EMERGENCY CONTACT (other than parent)

First/Last Name: _____ Phone # _____

PARENTAL MEDICAL AUTHORIZATION: I, (parent/guardian) of the above player for a position on a Woodbridge PBA #38 Street Hockey League team, hereby give permission for his/her participation in any and all League activities. I assume all risks and hazards incidental to the conduct of the activities, including transportation to and from the activities, and do further waive, release, absolve indemnify, and agree to hold harmless, the Woodbridge PBA #38, the organizers, sponsors, supervisors, participants, and person transporting the child to and from activities from any claim arising out of an injury to the child.

Primary Insurance Co: _____ ID # _____

I also grant permission to managing personnel or other League representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the participant become ill or injured while participating in League activities away from home, or at other times when neither parent/guardian is available to grant permission for emergency treatment. In view of the foregoing, the Woodbridge PBA #38 Street Hockey League requires disclosures of any and all medical conditions or allergies which may affect athletic performance or which may have a adverse effect on emergency medical treatment (e.g. DRUG ALLERIGES, DIABETES, ALLERGIC REACTION TO BEE STRINGS, etc). Disclosure shall include any and all medical conditions or allergies.

Medical Condition or Allergies: _____
(Continue on the back if necessary)

I, authorize the above:

Parent/Guardian Signature: _____ Date: _____

Clothing Size:

Last Season Team Name:

Shirt: _____ Pants: _____