



ON ICE OPEN HOUSE REGISTRATION FOR HOUSE PLAYERS

Mites-Mon. 5/1/06 5-6pm
Squirts-Mon. 5/1/06 6-7:30pm
PeeWee-Tue. 5/2/06 5-6:30pm
Bantam-Tue. 5/2/06 6:30-8pm

H.A.W.K. Hockey Program

- ? Mite, Squirt, Pee Wee, Bantam and Midget
- ? Boys and Girls
- ? House and Travel
- ? Generally 2 Practices a week
- ? Weekend Game ice
- ? Fundraising Opportunities
- ? Payment Plans

Note: April 22 marks open enrollment for new players. Current HAWK players can reserve a spot up to this date.

Director of Hockey – Mike Slobodnik

Visit us at www.hawkhockey.org



Player Experience _____ Learn to Skate/Play
_____ Cross Ice _____ House _____ Travel

Previous Association _____

House Divisions Fees Deposit

___Mite 1998 & 1999 \$1,000.00 \$100.00

___Squirt 1996 & 1997 \$1,100.00 \$100.00

___PeeWee 1994 & 1995 \$1,400.00 \$100.00

___Bantam 1992 & 1993 \$1,500.00 \$100.00

Travel Divisions

___PeeWee A 1995 \$2,500.00 \$250.00

___Bantam A 1993 \$2,500.00 \$250.00

___Bantam AA 1992 \$2,500.00 \$250.00

___Midget A-JV 1990 & 91 \$2,200.00 \$250.00

___Midget A-LC 1990 & 91 \$2,700.00 \$250.00

Make all checks payable to:

HAWK Hockey

Check Number _____

Registrations will not be processed without a check or money order for the deposit amount and a copy of the player's county issued birth certificate.

Please refer any questions regarding enrollment to:

HAWK Board – www.hawkhockey.org



H.A.W.K

Hockey Association of West Kent

Registration Form 2006/07

Based at
Walker Ice and Fitness Center
4151 Remembrance NW
Walker, Michigan 49534
616-735-6286
www.walkericeandfitness.com



Player Registration Form

Players Full Name _____

Players Date of Birth ____/____/____

PARENT/GUARDIAN INFORMATION

Fathers Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

E-Mail _____

Mothers Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

E-Mail _____

Medical Release/Hold Harmless Waiver

I/we certify that _____ (player's name) possesses proper insurance for protection against injury claims which may result from USA/HAWK Hockey sanctioned activities. I/we further certify that approval is given for participation in all of the Leagues' activities during the current hockey season. I/w assume all risks and hazards incidental to such participation and hereby waive, release, absolve, and agree to hold harmless the HAWK Hockey Association, the organizers, sponsors, league officials, coaches, supervisors, and participants from any claim arising from any injury except to the extent covered by medical liability insurance. I/we certify that the above player is in good physical condition and is physically qualified to compete in the contact sports and that the information given above is true and correct. I/we and our player agree to abide by the rules and policies of USA Hockey, Michigan Amateur Hockey Association and HAWK Hockey.

Signature of Parent/Legal Guardian _____ Date ____/____/____

THIS REGISTRATION MAY NOT BE SUBMITTED WITHOUT A COPY OF THE PLAYERS COUNTY ISSUED BIRTH CERTIFICATE AND A CHECK OR MONEY ORDER FOR THE AMOUNT OF THE DEPOSIT.