



# 2011 HbB Registration Form

1103 Winton Street Wausau, WI 54403 715.842.3112

Name \_\_\_\_\_ Age \_\_\_\_\_ <sup>(next season)</sup> Mt / Sq / PW / Btm / HS

Address \_\_\_\_\_  Goalie  Forward/Defense

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Program/Clinic—Make check payable to: Hockey by Bauer LLC.

- |  |                  |            |                      |
|--|------------------|------------|----------------------|
| <input type="checkbox"/> June 14-July 20 | SDP-I            | Cost \$225 | Greenheck Fieldhouse |
| <input type="checkbox"/> June 13-July 21 | SDP-II           | Cost \$225 | Greenheck Fieldhouse |
| <input type="checkbox"/> Sept 9-11       | Schofield Clinic | Cost \$79  | Greenheck Fieldhouse |
| <input type="checkbox"/> Sept 23-25      | Schofield Clinic | Cost \$79  | Greenheck Fiedlhouse |

*Clinics—2 clinics=\$149 3 clinics=\$199 Goalies: SDP—\$50 Clinics—\$25*

Discounts available for families with multiple participants. Call / E-mail for details.

Amount Enclosed \_\_\_\_\_ More Info: [www.hockeybybauer.com](http://www.hockeybybauer.com)

## Emergency/Waiver

In case of emergency, CONTACT \_\_\_\_\_

Emergency phone contacts \_\_\_\_\_ / \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medical conditions we need to be aware of; \_\_\_\_\_

**Waiver and Release of Liability:** Participant and guardian hereby affirm that by enrolling in any of the Hockey by Bauer, LLC programs, participant and guardians are required to provide all protective equipment to be used by participant in the program and participant and guardian are responsible for the safety and good operating condition of said equipment. Participant and guardian understand and agree that neither Hockey by Bauer, LLC nor members of the program— owners, operators, sponsors, agents or instructors of Hockey by Bauer, LLC may be liable in any way for any occurrence in the connection with the programs which may result in injury, death or other damages to participant or participant's family, heirs or assigns. Participant and participant's guardian have agreed to these release terms of their own free will. Participant and guardian have read and understood the contents of this assumption and release. Participant and guardian assume responsibility for participant's physical fitness and capability to perform under normal conditions of Hockey by Bauer, LLC. Furthermore, I understand the Hockey by Bauer, LLC reserves the right to use any pictures or videos taken during any programs for advertising and promotional purposes.

\_\_\_\_\_ parent/guardian \_\_\_\_\_ date

Office Use:  confirmation sent \_\_\_\_\_ balance due  PAID in FULL