



**BELVIDERE FURY  
HIGH SCHOOL HOCKEY  
REGISTRATION FORM 2017-2018**

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

POSITION: \_\_\_\_\_ SHOOT L OR R: \_\_\_\_\_

TEAM/LEVEL PLAYED IN 2016/2017 SEASON \_\_\_\_\_

IMPORTANT DATES \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

As parent or guardian, I agree to pay the Belvidere Fury fees when due. I also understand that on behalf of my child, I assume all risk of injury which my child may incur while participating in any Belvidere Fury activities, including but not limited to, hockey practices and games wherever held, and waive all claims against the Belvidere Fury, coaches and any other representative.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE