



**BELVIDERE FURY
HIGH SCHOOL HOCKEY
REGISTRATION FORM**

PLAYER'S NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____
BIRTH DATE: _____ AGE: _____
HEIGHT: _____ WEIGHT: _____
SCHOOL: _____ GRADE: _____
POSITION: _____ SHOOTS: L OR R
TEAM/LEVEL PLAYED IN PRIOR SEASON _____
IMPORTANT DATES YOUR PLAYER MIGHT MISS _____

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