

**Top Gun Hockey
Player Registration Form
2010 / 2011 Season**



Date _____

Player's Last Name _____ First _____

Address _____ City/Town _____ State _____ ZIP _____

Date of Birth _____ Email _____

Father's Last Name _____ First _____ Home# _____

Work# _____ Email: _____

Mother's Last Name _____ First _____ Home# _____

Work# _____ Email: _____

Is player on any medication or under a physician's care? Yes ___ No ___

If Yes, Please explain _____

Player's playing experience: Program Name _____ Level _____

Release Form: Must be read and signed by parent or guardian

As parent/guardian of the above named child, I hereby grant permission for him/her to participate in the activities of Top Gun Youth Hockey Inc. I hereby waive, release & forever discharge said Top Gun, it's officers, members, agents, representatives and employees from all claims and demands which I, my heirs, executors and administrators, and those of the above named child have or may have by reason of any personal injury or injuries, property damage or damage of any nature whatsoever resulting from the participation of the above named child in the activities of Top Gun Youth Hockey & any consequences arising there from. I understand that I must pay the required player fee for the 2010/2011 season on or before September 1, 2010 for my child to continue to participate in the team activities.

Parent/Guardian Signature: _____ Date: _____

ARENT/GUARDIAN'S AGREEMENT TO PAY

Parent/Guardian further agrees, as the principal obligor, to pay to the Program all participation fees, including but not limited to, annual tuition, tournament fees, ice fees, and other costs and expenses in accordance with the programs established payment schedule. If Parent/Guardian shall fail to pay such Participation Fees when due, according to the payment schedule, Program shall have the immediate right to suspend or terminate Participant's involvement in the Program, which action shall remain subject to the sole and absolute discretion of the Program. All fees due at the time of termination shall be deemed an obligation and payable in full. In the case that the Parent/Guardian shall have multiple Participants in the Program, Program shall have the immediate right, to terminate or suspend all Participants for whom Parent/Guardian is responsible, which action shall remain subject to the sole and absolute discretion of the Program. The failure of, or delay by, the Program to assert any claim or demand, or to enforce any right or remedy against the Parent/Guardian, shall not constitute a waiver or otherwise operate as a release or discharge of the Parent/Guardian of any obligation resulting from this contract. Termination, voluntary or otherwise, shall not obviate any payment obligation.

All levels include game schedule and practices. *Uniforms NOT included

**Deposit: \$500.00 for all programs.
Deposits are non refundable.
Checks made payable to: TOP GUN HOCKEY
Payment schedule will be mailed with your statement.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature

Date