

2019 LADY SELECTS REGISTRATION FORM

To register, please complete the form and mail it to the address below or sign up at www.nateshockey.com.



NAME

DOB

ADDRESS

CITY

STATE

ZIP

PHONE

EMERGENCY

EMAIL ADDRESS

CURRENT TEAM

POSITION

SELECT TEAM TRYING OUT FOR

U16 & U14 (03, 04, 05, 06) U12(07, 08, 09)

PAYMENTS

**PLEASE MAKE CHECK OR
MONEY ORDER PAYABLE TO**

Erik Nates Euro Hockey, Inc.

**MAIL COMPLETED REGISTRATION
FORM AND PAYMENT TO**

Erik Nates Euro Hockey, Inc.
P.O. Box 297
Rye, NY 10580

AGREEMENT AND WAIVER

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the student while participating in any activities of or while on the premises of Erik Nates Euro Hockey, Inc. I hereby release, discharge Erik Nates Euro Hockey, Inc., Erik Nates and employed, from all damages, suit, causes of action, or liabilities for personal injuries and or property damages which may arise as a result of any such accident or loss. By Signing this agreement and waiver, it is also agreed that express permission is granted to Erik Nates Euro Hockey, Inc. to use photographs and videos in which the student's image and likeness appear in connection with his/her participation in Erik Nates Euro Hockey, Inc. Said express permission shall apply to the display, publication, distribution, use, print and reprint of such images and likeness, and the right to employ such images or likeness in advertising and promotions.

SIGNATURE OF PARENT/LEGAL GUARDIAN
