

## Powershot Hockey Registration Form

**Session:**

**Level:**

**Cost:**

### Player Information:

First Name:		Last Name:	
Position:		Shoots:	
Email:		Home Phone:	
Address:		City:	
Zip:		State:	
Previous Team: Â		Date of Birth:	
Previous Coach: Â		Skill Level:(house,high school, Juniors, etc..)	

### Parent or Guardian Information:

1) First Name		Last Name	
Cell:		Email	
Home Phone			
2) First Name		Last Name	
Cell		Email	
Home Phone			

### Waiver Agreement:

I have read the Terms of Agreement Waiver and accept to all of its terms and conditions	I accept: <input type="checkbox"/>
---	------------------------------------

### Payment Details:

Mail your payment and make check payable to: Powershot Hockey Academy 12852 Wayne Road Livonia, Michigan 48150	
---	--

## **Terms of Agreement Waiver**

---

The applicant agrees that Power Shot Hockey will not be held responsible for any accident or loss however caused, and agrees to release the proprietors from all claims or damage which may arise as a result of such accidents or loss.

In the event of the inability to contact me, I hereby give you permission to seek out any necessary medical assistance my child may require while attending the sessions.

---