WHEATFIELD BLADES HOCKEY ASSOCIATION INC. 2006

Return this form and check to:
Wheatfield Blades
Attn: Registration
6582 Ward Road
Niagara Falls, NY 14304

For Office	Use Only
Check #	
Amt. $	
Div.	
Age	
Date	

ALL PARTS OF THIS FORM MUST BE FILLED IN AND SIGNED!!!

Registration & Authorization (Please Print)

Last Name:	**First Name:**	**Initial:**	**Date of Birth:**
Street:	**City/State:**	**Zip:**	**Phone:**

Height:	**Weight:**	**Position:** *(Please check all that apply)*	☐Male ☐ Female
		☐**Forward** ☐**Defense** ☐**Goalie** ☐**1st Year**	

Players Signature X: _____ Date: _____

PARENTAL AUTHORIZATION

I, the parent or guardian of the above candidate for the WBHA hockey program, hereby give my approval to his/her participation in any and all activities of this program during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from such activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the WBHA, the organizers, supervisors, sponsors, participants and persons transporting my child to and from activities, for any claim arising out of an accident or injury to my child, except to the extent and in the event covered by accident and/or liability insurance held by the WBHA. **I also understand the fee to register my child is to be non-refundable.**

Upon request, I agree to return any uniform(s) or other equipment issued to my child in a good condition as when received, normal wear and tear excepted. I agree not to permit the use of the uniform or other equipment in any activity not sponsored by the WBHA. I will furnish a copy of the birth certificate for the above child when and if such certificate is requested by the officials of the WBHA.

By signing this statement, I agree to be a member of the Wheatfield Blades Hockey Association's (WBHA) and **understand that I may not be able to play for another team unless I get a release**. The Wheatfield Blades will issue releases in March and April to all players who have met their obligations to the WBHA and/or team.

Print Name of Parent/Guardian: _____
FIRST *(Please Print Clearly)* LAST

Parent/Guardian Signature: _____

Email Address: _____

I also state that: (Check one of the boxes)

☐	I played for WBHA last year	☐	I played outside of Western New York or didn't play
☐	I have a release from my prior team, which is presented now	☐	Other Situation (explain)

Please check box

☐	**Shinney Program $ 80.00**

Additional copies of this form and other information can be found at www.wheatfieldblades.com

Make all checks payable: **Wheatfield Blades Hockey Association, Inc**.