

**Dakota Community Centre
Optimal 4x4 Youth Hockey League
2012**

July – August 2012

Individual Registration Form

Players Name: _____

2011-2012 Level Played: _____ Preferred Position: 1st choice: _____
2nd choice: _____

Player Info

Birthdate (M/D/Y) __/__/____ Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Email Address: _____

Parent/Guardian Name (please print): _____

Cost: \$225

Credit Card Number: _____

Expiry Date: __/ __

Authorized Credit Card Signature: _____

Consent and Waiver of Responsibility: The players of the aforementioned team agree that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss. Teams will be expected to submit a valid Credit Card number which will be used to clear all outstanding league fees for their team.

Parent/Guardian Signature: _____ Date: _____

Contact Anthony Knapp, Program Manager at 254-1010 (201) or email at dakotaccpm@shaw.ca