



SPRING 2019 REGISTRATION FORM
Email completed form to kido7894@aol.com

Player Information: Please type, save and email

Players Name _____ Date of Birth _____
Address _____ U.S. Citizen _____
City _____ Zip Code _____ Home Phone _____
Fathers Name _____ Work Phone _____
Mothers Name _____ Work Phone _____
Email address _____ Cell Phone _____

Player Level:

Mite/SQ (\$500) Peewee (\$650) Bantam (\$650) Midget U16/U18 (\$650)
 Mite/SQ Goalies- \$250 PW Goalies-\$400 Bantam Goalies- \$400 Midget Goalies-\$400

Payment Requirements: Mites (\$300 due with Registration, \$200 due April 15th)
Squirt/Peewees (\$400 due with Registration, \$250 due April 15th)
Bantam/Midgets (\$400 due with Registration, \$250 due April 15th)

Emergency Information:

Emergency Contact _____ Phone # _____
Physicians Name _____ Phone # _____

Liability Release

I grant my child permission to participate in the Manasota Youth Travel Hockey (MYTH) training. I understand that ice hockey is a contact sport and that child skates at his/her own risk. I agree that MYTH, its officers, other appointed officials, and volunteers shall not be held liable to me or my child for any injury or damage resulting directly or indirectly from my child's participation in ice hockey, whether incurred on the ice or otherwise in or around the building any time before, during, or after the programs offered by MYTH. I hereby discharge MYTH, its elected or appointed officials and volunteers from all actions, claims, and demands I or my child may have for any such injury or damage.

Medical Release

In the event of a medical emergency, if I (parent/legal guardian) cannot be contacted, I give my permission for a MYTH representative to seek immediate emergency medical child, and further agree to allow a licensed physician to treat my child in any immediate medical emergency.

MYTH Representative _____ Date _____
Parent/Legal Guardian _____ Date _____
Cash _____ Check (payable to MYTH) # _____ Credit Card _____