**OFFICE USE**

**PAID:**

**Date:\_\_\_\_\_\_\_\_\_**

**Amt: $\_\_\_\_\_\_\_\_**

**Ck # \_\_\_\_\_\_\_\_\_**

**Cash Visa**

**Mastercard**

**NOTES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVANCED (A/B) LEAGUE TEAM NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_

BEG/INT (C/D) LEAGUE TEAM NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_

**LEAGUE FEE $150 8 GAMES PLUS TOURNAMENT**

**LIABITILTY WAIVER**: I agree to assume full responsibility for any risk implicit or direct by participation in this hockey league at Skate South. Individual, team or group accident insurance is not provided by Skate South for participation in Skate South activities. The individual mentioned has my permission to participate in this activity.

Signature (parent or guardian is under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_