



Total Hockey Academy 9051 Harlan St., Unit 10, Westminster, CO 80030  
"Total Hockey Academy, Everything Hockey, Hockey Specific"

**Player Information**

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2009-2010 Level: \_\_\_\_\_ Association: \_\_\_\_\_

**Medical Information**

In case of emergency, I hereby authorize emergency treatment and/or care of: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If there is an emergency and I cannot be reached, please contact the following person, who is authorized to act on my behalf.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please read carefully:** I agree that Total Hockey Academy and TH Academy, LLC will not be held responsible for any accidents, injury or loss of personal property, however caused, and agree to release Total Hockey Academy from any claims or damages which may arise as a result of such accident, injury or loss. It is further agreed that all risk while watching and/or participating are assumed by the players and his/her parents and /or guardians and this assumption is acknowledged and approved by my signature below.

I have read the foregoing and agree to the terms and conditions and certify that I am the player's parent or legal guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Important information**

Players must turn in a completed registration form (with a parent's signature) prior to their first training session.

**Players should wear shorts or sweatpants and clean tennis shoes. You will also need your hockey stick, hockey gloves, ice skates and helmet.**