

Baltimore Blizzard Women's Hockey Club
2001 - 2002 In-House Program Registration

Name

Address

City/State/Zip

Home Phone

Work Phone

Date of Birth

Email address

Hockey experience

If under 18 years of age:

Name of parent or guardian

Address and phone, if different from above

Name(s) of family member(s) playing in the in-house program

Relationship ☐ sister ☐ mother ☐ daughter

Agreement: *By my signature below, I understand and agree: 1) to abide by all policies and guidelines set forth by the Baltimore Blizzard Women's Ice Hockey Club and USA Hockey; 2) that USA Hockey registration is mandatory; 3) that there will be no refunds of money once I have participated in any of the programs for which I have registered. Further, I understand that ice hockey is an intense physical sport that by its very nature lends one to the threat of injury, and by signing below, I as the player or her parent/guardian release the Club and its representatives from liability.*

Signature

Date

If player under 18 years of age:

Signature of parent or guardian

Date

Please mail completed registration form, USA Hockey Waiver of Liability, USA Hockey Consent to Treat and Medical History form, along with your registration fee (checks made payable to Baltimore Blizzard) to:

Baltimore Blizzard Women's Ice Hockey Club
P.O. Box 72
Ellicott City, MD 21041-0072