

BUCKS ICE HOCKEY

2022-23 REGISTRATION FORM

PLAYER AND PARENT INFORMATION

PLAYER NAME: _____
(Player's Name as it Appears on USA Hockey Registration)

DATE OF BIRTH: _____

STREET ADDRESS: _____

FATHER'S NAME: _____

FATHER'S E-MAIL: _____

MOTHER'S NAME: _____

MOTHER'S E-MAIL: _____

PARENT'S PHONE NO(s): _____

PLAYER'S CELL NO.: _____

PLAYER'S E-MAIL: _____

HAS PLAYER EVER SUFFERED A CONCUSSION? **YES NO** DESCRIBE: _____

PLAYER'S SCHOOL INFORMATION

SCHOOL: _____

GRADE: _____ Player will attend CB West HS: Yes No

USA HOCKEY REG. No: _____

PLAYER'S HOCKEY INFORMATION (Please Circle One)

CLUB HOCKEY EXPERIENCE:

WRITE **NUMBER OF SEASONS** PLAYED ON EACH TEAM:

MITE ___ AA ___ A ___ LtTrav ___ House ___

SQUIRT AAA ___ AA ___ A ___ LtTrav ___ House ___

PEEWEE AAA ___ AA ___ A ___ LtTrav ___ House ___

BANTAM AAA ___ AA ___ A ___ LtTrav ___ House ___

MIDGET16 AAA ___ AA ___ A ___ LtTrav ___ House ___

MIDGET18 AAA ___ AA ___ A ___ LtTrav ___ House ___

CURRENT CLUB TEAM: _____

POSTION: _____ JERSEY NO(s). (1) _____ (2) _____

PARENT CB WEST & LENAPE-TOHICKON BUCKS ICE HOCKEY REGISTRATION AGREEMENT

I, _____ (Parent or Guardian of the above-named Player) agree that I am registering my child with the CB West Ice Hockey Club and have read and signed the USA Hockey & CBW Ice Hockey Waivers of Liability, CB West Student-Athlete Code of Conduct and Parent Code of Conduct & Concussion Acknowledgment forms and agree to be bound by each. I agree to be bound by the Rules and Regulations of the CB School District and the CB West Ice Hockey Club. I also agree that I will pay those fees assessed by the CB West Ice Hockey Club including, the deposit listed below and each installment when due: (Make Checks Payable to "CB West Ice Hockey")

CB West HS & Lenape-Tohickon Bucks MS FEES:

	CB WEST	Middle School
1. DEPOSIT Due at Registration (Refundable to players who don't make team)	\$400	\$300
2. 1st Installment Due OCTOBER 17th	\$350	\$100
3. 2nd Installment (Final Installment MS) Due NOVEMBER 10th	\$300	\$100**
4. Final Varsity Installment Due DECEMBER 10th	\$300**	_____
(Sibling discount available)		
* Total Due:	\$1,350	\$500

***excluding jersey, skates & equipment. **The Total shown is the maximum due. Last pmt MAY be reduced based on actual costs.**

I agree that playing for a school team is a privilege not a right and that upon my child's placement on the varsity or middle school team the full payment is owed regardless of whether the player subsequently leaves the team or misses all or any portion of the season because of injury, illness, quitting, ineligibility or any other reason and that my child may be suspended or expelled from the Team/Club for violation of any School, EPIHA, USA Hockey or Club rule or for non-payment of sums due under this payment agreement, poor grades or in-school or out-of-school misconduct as judged by the coaching staff or may be placed on the AAHA Financial Obligations list for non-payment. As a player, I agree to attend team functions, obey all team rules and to follow the Code of Conduct and I will respect my teammates, coaches, officials and all school and rink property.

SIGNED: PARENT or GUARDIAN

SIGNED: PLAYER

X _____

X _____

DATE: _____

DATE: _____