

## Lion's STP Hockey Registration Form (2017)

**Player Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

**Parent's Name(s)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Grade Level for the next 2017-18 School Year:**      7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**Preferred Position** (*Circle one*)      Forward      Defense      Goalie      **Shoots** (*Circle one*)    R or L

**Jersey Size:** (*Circle both that apply.*)    Youth or Adult    /    S    M    L    XL    XXL

**Your \$140 payment and registration form is due by Monday (05-01-2017).**

Please make your checks payable to Steve Larson; and mail your check and completed registration form to:

**Steve Larson**  
**14990 Waco Street NW**  
**Ramsey, MN 55303**

If you have any questions, you may contact:      Steve Larson at:      612-242-6550  
[slarson@lcamn.org](mailto:slarson@lcamn.org)

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### 2017 Lion's STP Summer Hockey Disclaimer

*In consideration of the acceptance of (player name) \_\_\_\_\_ as a participant in the Lion's STP Hockey program, the applicant agrees that the Lion's STP Hockey Program and/or the staff, coaches or employees will not be held responsible for any accidents or loss of personal property, however caused, and agrees to release the Lion's STP Hockey Program from all claims or damages that may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the Lion's STP Hockey Program are assumed by the player and his parents and/or guardians. This assumption is acknowledged and approved by their signatures hereto.*

*We have read the foregoing disclaimer and have explained its meaning to our player. Furthermore, we agree to the terms and conditions stated. We, the parents and/or guardians of the above signed applicant, give our consent to his participation in the Lion's STP Summer Hockey Program.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Special Medical Conditions and or Allergies**    No  
   Yes    Explain: \_\_\_\_\_  
   \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_