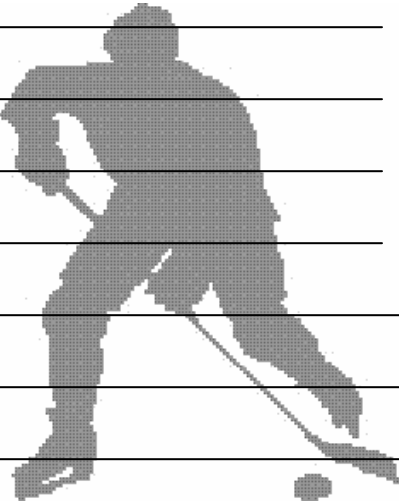


North Valley Hockey Association Official Registration Form

Please return this form along with the Registration fee of \$35.00 to Calvary Chapel North Valley. 900 N. Lincoln Ave. Jerome, ID. 83338 208.644.9709



Player 1: _____ Age: _____
Player 2: _____ Age: _____
Player 3: _____ Age: _____
Player 4: _____ Age: _____
Parent/Guardian: _____ Phone #: _____
Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____

Authorization For Medical Treatment

Physician Name: _____ Phone #: _____
Insurance Company: _____ Policy #: _____

Allergies to Medications or specific medical problems: _____

Statement: This form will authorize, designate or activate medical transportation and/or treatment for my child in the event of an accident or illness while participating in this event. I understand these services may be provided on a fee basis.

Liability Waiver

I hereby agree to hold harmless and blameless any Pastor, Officer, Agent, Representative, Individual, or the Corporation or Congregation of Calvary Chapel North Valley for any loss, damages, injury, or injuries incurred to myself or others resulting from any use of, or participation in the facilities and/or activities offered by Calvary Chapel North Valley/North Valley Hockey Association.

Date: _____ Signature: _____
(Self, parent or guardian) (circle one)