**KB Performance Hockey Registration Form**

Name:

(Participant)

Date of Birth:

(Participant)

Camp Date:

Position:

Previous Team:

Address:

Zip Code:

Email:

Parent/Guardian Name:

Parent/Guardian Name:

Phone: (Cell)

 (Work)

Phone: (Cell)

 (Work)

I hereby give permission for                                            to participate in the KB Performance Hockey Skills Camp. I hereby release KB Performance Hockey of responsibility in the event of an accident, damage incurred, or articles lost or stolen while participating in this Program. I have read and accepted the terms and conditions in this registration form.

(Signature of Parent)

(Date: mm/dd/yyyy)