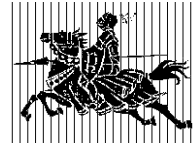




RFA Black Knights Summer Youth Hockey Camp



Registration Form:

Player:

Name:							
Address:							
City:		State:		Zip:			
Age:		Birth Year:					
School:		Grade:					
Home Phone:							
Cell Phone:							
Level Next Season:		Mite:	SQT	PW	Bantam		
Last or Current Team:							

Parents:

Name:							
Address: Same as above?		Yes		If No, Fill Out Below			
Address:							
City:		State:		Zip:			
Home Phone:							
Cell Phone (s):							
Emergency Contact:							
Emergency Contact Phone #'s:							

Any medical issues or needs that you feel we should be aware of:

Parents Consent:

I give my child permission to voluntarily participate in the RFA Hockey Booster Club summer camp. I understand that anyone who participates in any type of athletic activity in which the body is in motion or in which an object is in motion is exposing himself/herself to risk of severe injury, or even death. I understand this and will be responsible for any injury that may occur.

Parent or Guardian signature:		Date:	
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If submitting electronically, type in your name and it'll be understood that you accept and agree to the Parent Consent.

***Black Knight Pride
Execute Like Champions !***

www.rfahockey.com