

**REGGIE LEACH YOUTH HOCKEY CAMP REGISTRATION FORM**

**March 5<sup>th</sup>, 2016**

Player Name: \_\_\_\_\_

DOB: \_\_\_\_\_ LEVEL: Atom \_\_\_ Peewee \_\_\_ Bantam \_\_\_ Midget \_\_\_

(R. Leach has requested only Atom, peewee, bantam levels to keep pace up)

Players must be in full equipment by 9:45am, quick speech and ice time will begin 10am sharp.

I \_\_\_\_\_ Parent of \_\_\_\_\_, agree that my son is participating with the Reggie Leach Hockey Skills Camp on 3/5/16, if my child is injured I will not hold the Akwesasne Minor Hockey Association, Anonwarakowa Arena, or Reggie Leach liable for any injury or accident while on the ice or locker room.

Signed

\_\_\_\_\_

Date: \_\_\_\_\_

Witness

\_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY:

Paid: \_\_\_yes \_\_\_no Date: \_\_\_\_\_ Rec'd BY: \_\_\_\_\_ AMHA: \_\_\_yes \_\_\_no

**No: \_\_\_ of 30**