

SEASON: FALL

YOUTH DEK HOCKEY REGISTRATION FORM



This form may be duplicated. Full payment is due at time of registration for all Butler County Parks and Recreation Programs. You can make your check out to County of Butler

Mail form and check to Butler County Parks & Recreation

Check can be made payable to "County of Butler"

184 Alameda Park Rd. Butler, PA 16001

Dek Hockey Rink is located at 468 S. Duffy Rd. Butler, PA 16001

Participant Name _____ Male ____ Female ____

T-Shirt Size YM YL AS AM AL AXL (Shirt size not guaranteed)

Street Address _____

City _____ Zip Code _____ Grade _____ Date of Birth ____/____/____ Age _____

Note: Age Eligibility Cut-Off will be June 22nd for ALL AGES- (Birth Certificate needed for proof of age)

Parent's Name (if participant is under age 18) _____

Home Phone _____

Emergency Contact _____ Emergency Phone _____

School Attending _____ Seasons of Dek Experience _____

Position preferred _____ E-mail Address: _____

| Age Divisions | Practice Nights | Game Nights |
|--------------------|----------------------|--------------------|
| 4-6 years of age | Monday ½ PRACTICE | Monday ½ GAME |
| 7-10 years of age | Tuesday | Tuesday/Wednesday |
| 11-14 years of age | Thursday | Tuesday/Wednesday |
| 15-17 years of age | Tuesday or Thursday | Wednesday/Thursday |

Butler County Parks & Recreation FALL DEK HOCKEY 2018

Session Start Date:

Starting week of Sept. 10, 2018- Sept. 15, 2018

Ending week of Nov. 12 –Nov. 17, 2018

Single elimination playoffs

Schedule will be issued after Sept. 5, 2018.

Note: Age Eligibility Cut-Off will be August 18th.

Fee per participant is \$55.00 and/or Goalie/Sibling fee is \$45.00

Medical Information/Allergies:

Please be sure to list medical information so that the staff is able to accommodate your child.

Are you interested in Coaching? _____ YES _____ NO

Please provide your information: _____

The undersigned individual (parent, guardian, or student) represents that the registrant is in good health and can participate in the above-listed activity, and with prior knowledge of the physical nature of the activity, releases County of Butler from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian, or participant assumes all risks inherent in the activity and will hold County of Butler, Parks and Recreation, elected officials, management and any other program facilities harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby given permission to County of Butler, Parks and Recreation to use photographs and videos of the participant for the promotion of programs and events. The participant agrees to hold County of Butler, Parks and Recreation free and harmless from any liability of any nature. Butler County Parks & Recreation has a **NO-REFUND POLICY** on all programs.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____

Date ____/____/____

Contact information: 724-284-5383 Monday-Friday 8:30am-4:15pm Tcalvert@co.butler.pa.us

Check: _____ Check No: _____ Cash: _____

Credit Card (Visa/MC/Discover) _____ Ex: ____/____

CVV Code: _____ Zip Code: _____ **2.75% Fee on all credit card charges, minimum of \$3.00 fee *No AMEX***

Staff initials: _____ Date received: _____ Waiver Signed and filed: _____