Junior Bruins Hockey Application

Universal Application to be used for all Camps, Skill Sessions, and Try-outs

Office Use Only:

Paid: $_____
Ch #:/CC: _____
Date: _____

1) Fill out completely 2) Mail, with payment, to 121 Donald Lynch Blvd.—Marlboro, MA—01752

Program(s) you are signing up for:_____

Personal

Name: _____ Birth date: _____/_____/_____

Address: _____ City: _____ State: _____ Zip Code _____

Home phone: _____ Work phone: _____ Fax: _____

School: _____ Grade: _____ Parents names: _____

Email addresses: **IMPORTANT** (Please print clearly, we use these to send confirmations, updates, etc.) **Note**: If your email address is illegible we will not be able to send a confirmation email, therefore you will be responsible to confirm acceptance into the program you are signing up for. We will not refund a payment because you did not receive a confirmation email.

Player email: _____ Parent email #1: _____

Hockey

Goalies Glove: Left or Right (circle one)

Position(s): _____ Height: _____ Weight: _____ Shot: Left or Right (circle one)

_____-_____-_____-_____-_____-_____-_____

Year | Team | # Games | Goals/Saves | Assists/GAA | Points/Save% | Penalty Minutes/Shut outs

Release and Indemnity Agreement: I, parent of the above-named player, acknowledge that ice hockey is a contact sport and sometimes a dangerous activity that can result in physical injury or other damages. I AGREE that Boston Junior Bruins, its' officers, agents, servants, employees, coaches, scouts, volunteers and sponsors shall not be liable to me or the above-named player for any injury or damage resulting directly or indirectly from any participation with the Boston Junior Bruins. In consideration of the Boston Junior Bruins accepting the above-named player, the undersigned hereby acknowledges and agrees that, to the fullest extent of the law, the undersigned will defend, indemnify, discharge, and hold harmless the Boston Junior Bruins, and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the above-named player's participation in any way with the Boston Junior Bruins, including without limitation any injuries or damages incurred. During travel or travel related functions to or from any and all organization/team functions. I UNDERSTAND that this agreement shall bind my heirs, legal representatives and all assigns and shall inure to the benefit of Boston Junior Bruins, its' officer, agents, servants, employees, volunteers and sponsors, and their successors and assigns. IT IS FURTHER AGREED that Boston Junior Bruins does not and shall not be considered to guarantee or warrantee equipment as may be used in the conducting of said activity. Boston Junior Bruins reserves the right to use any pictures taken during the activity for promotional or instructional purposes without compensation. **Consent for Medical Treatment of A Minor:** As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb, or well being of the above-named player.

_____ _____ _____ _____

Player Signature | Date | Parent Signature | Date

For credit card payments only: check if billing address is same as above address listed

I,_____authorize the Junior Bruins Hockey to charge my MC/Visa (circle one)

in the amount of $_____for _____ .

_____ _____ _____

Signature of card holder | Today's date | Email to send authorization

Name as it appears on card | Credit Card # | Expiration Date:

_____ ___/___/___/___/-___/___/___/___/-___/___/___/___/ -___/___/___/___ ____/____

Billing address if different:_____

_____

www.bostonjuniorbruins.com

***ALL PAYMENTS ARE NON-REFUNDABLE FOR ALL REASONS**

121 Donald Lynch Blvd.
Marlboro, MA 01752
(phone/fax) 508.820.1600

Office Use Only:

Entered (comp):
Entered cc payment:
Email confirm sent: