

2008-2009 JR COYOTES U16 "A" TRYOUT

COYOTES AMATEUR HOCKEY ASSOCIATION

9375 E. Bell Rd. Scottsdale, AZ 85260 PHONE: (480) 473-5808 FAX: (480) 585-9117



REGISTRATION

****ALL FIELDS MUST BE COMPLETED****

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home: () _____ Work: () _____ Cell: () _____

Emergency Phone: () _____ Emergency Contact Name: _____

Father's Name: _____ Mother's Name: _____

Email Address: _____ Age: _____ Date Of Birth: ____/____/____

Do you have medical insurance? () yes () no Company: _____ Policy/Group # _____

U.S. Citizen () yes () no If no, citizen of: _____

Circle Position: Forward Defense Goalie

CAHA U16 "A" Tryouts
Sunday, June 15th from 11:20AM to 1:30PM
\$30.00

REFUND POLICY

Refunds or credits will only be given if requested in writing two (2) weeks prior to the commencement of registered program. Refunds or credits will be granted after this time only in the event of an injury or illness and the request is accompanied by a physician's statement verifying the nature of the injury or illness and the length of recovery. **No refunds or credits will be given to a registrant who leaves on their own accord or fails to attend.**

RELEASE

In consideration of being permitted to participate in hockey and skating related activities at the Alltel Ice Den, **I agree to the following:** I understand and appreciate that, there are risks of serious personal injury in connection with participation and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Coyotes Amateur Hockey Association ("CAHA"), Coyotes Ice, LLC ("Alltel Ice Den"), and any of their affiliates and subsidiaries, their promotional sponsors and advertisers and all their agents, servants and employees from any and all suits, claims, and demands of any kind for personal injuries, property damage, including but not limited to lost or stolen goods, that I may sustain while participating in hockey, skating and all related activities. I hereby give my consent to the CAHA and Coyotes Ice, LLC to use my image/likeness (or in the case of a child...my child's image/likeness) for the purpose of inclusion in any publication related to the CAHA, the Alltel Ice Den or the Phoenix Coyotes Hockey Club.

CONSENT TO TREAT: I certify that as parent or guardian of said participant, I give my consent to Alltel Ice Den and its staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation of any activities at Alltel Ice Den.

Parent/Guardian Signature: _____ Date: _____

- All registration fees must be paid in full at time of registration.
- Make checks payable to: CAHA

PAYMENT INFORMATION	OFFICE USE ONLY:
Program Cost: \$ <u>20.00</u> Date Received: ____/____/____ By: _____	
() Cash	
() Check#: _____	
ALL CHECKS SUBMITTED FOR PAYMENT WILL BE ELECTRONICALLY PROCESSED IN ACCORDANCE WITH THE "CHECK 21" LAW.	
() VISA () AX () MC () DISC #: _____	Exp: ____/____ CVC Code: _____