



PARTICIPANT APPLICATION

\$30 application fee must be submitted for applicant's USA Hockey insurance coverage.

Please complete all questions.

22 Badeau Avenue,
Summit, New Jersey 07901
(908)591-3348

Date _____

Last Name _____ First Name _____ Nick Name _____

Primary

Address: _____ City/State _____ Zip _____

Male ___ Female ___ Age as of 1/1/07 _____ Date of Birth _____

Grade _____ School _____

Primary Parent/Guardian _____ Relationship to child _____

Home phone _____ Cell phone _____ Work phone _____

E-mail _____ What is best way to reach primary guardian? _____

Other Parent/Guardian _____ Relationship to child _____

Home phone _____ Cell phone _____ Work phone _____

E-mail _____ What is the best way to reach other guardian? _____

Emergency Contact: Name _____ Relationship to family _____

Phone _____ Alternate phone _____

Size Information *(all size information must be carefully completed)*

Height _____ Weight _____ Clothing Size _____ Shoe Size _____

Skating experience is not required for this program, but has your child ever skated before and, if so, how much?

Is there a particular reason you feel your child might especially benefit from participating in an ice hockey program such as New Jersey Goals Ahead? (optional)

Waiver: I understand that ice hockey is a contact sport and I understand the related risk for injury to my child. I/we will hold NJ Goals Ahead and all coaches, staff and board members free and clear from all responsibility for any injury suffered by above applicant for any reason related to participating, practicing, or otherwise being involved in the NJGA Hockey program and will hold each of the parties mentioned above harmless from any court costs, attorney's fees or other expenses whatsoever caused by any suit or injury for damages brought by me/us or by one on my/our behalf.

Signed Parent/Guardian: _____ Date: _____