



NIGHTHAWKS SENIOR HOCKEY
REGISTRATION FORM
PLEASE PRINT CLEARLY



PLAYER
 LASTNAME _____ FIRSTNAME _____ DOB _____
 STREET _____ CITY/TOWN _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____ EMAIL _____

REGISTRATION: **Payment Schedule 2008-2009**
 September 1st \$250.00
 Balance by November 15th: TBD

All Checks Made Out to:
NIGHTHAWKS
 c/o Louise Cardinale, Treasurer
 8 Perolman Drive
 Marlborough, MA 01752

I, the undersigned, hereby agree to participate in any and all activities of the Nighthawks Senior Hockey Program (Nighthawks). I hereby waive, release and forever discharge on behalf of myself, our heirs and our assigns the said program, its members, officers, directors and coaches from any and all claims and demands arising out of any and all personal injuries, damages, expenses and any loss of damage whatsoever resulting directly or indirectly there from.

I assume all risks and hazards incidental to the conduct or the activities in the transportation to and from the same. I likewise release responsibility of any person transferring me to any activities.

I also give permission to the Nighthawks or their representative, to obtain medical attention for me. I further acknowledge that I am liable for all my financial obligations rendered to me by the Nighthawks in accordance with the payment schedule established and noted above.

Have you played college hockey? What Division?----- Last year played? -----

SIGNATURE: _____ DATE: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: _____

ADDRESS: _____ PHONE: _____

Nick & Louise Cardinale (508) 229-0436

Nickalou@comcast.net