

# **KOHA B.A.D. Hockey** **2010-2011 Registration Form**

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any physical conditions of which the coaching staff should be aware of:

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**FEES:** \$75 per 4 week session.

**\*KOHA will need a copy of USA Hockey registration for B.A.D. Hockey\***

Make checks payable to KOHA. Please return the completed the top half of the form (both sides) and send a check to:

KOHA Registrar  
P.O. Box 2753  
Kalamazoo, MI 49003-2753.

**SEE BACK PAGE FOR WAIVER AND SIGNATURE**

Return completed top half, (front and back) only. Lower portion of form is for your information.

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## REGISTRATION INFORMATION

**AGE:** Must be over 18 years of age.  
**WHEN:** March 2,9,16, and 23<sup>rd</sup>.  
**TIME:** 7:15-8:15pm Cube Arena.  
**WHERE:** *Wings Stadium*

### EQUIPMENT REQUIREMENTS:

- Certified hockey helmet
- Shin guards (tape ones or Velcro strapped)
- Elbow pads
- Protective cup
- Hockey skates
- Hockey gloves
- Shoulder pads
- Garter belt
- Hockey pants
- Hockey stick
- Throat guard

\*\*\*Please see back of this form for Waiver Statement that must be signed before participation can occur \*\*\*

***Waiver Statement***

Upon entering events sponsored by USA Hockey and/or its member districts. I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume the risk and release of USA Hockey, its affiliates, their sponsors, event organizers, officials, and the arenas or rinks in which the program is conducted from any liability therefore.

The Kalamazoo Optimist Hockey Association reserves the right to terminate the stay of any skater without refund and without a formal hearing, when it is deemed to be in the interest of either the skater or the Kalamazoo Optimist Hockey Association as determined by the program coaches, officers, or directors. The Kalamazoo Optimist hockey Association reserves the right to establish and determine the standards of conduct, behavior, and performance of participants engaging in the program and to acquire compliance with such standards as a condition to continued participation in the program.

The undersigned hereby further consents to Kalamazoo Optimist Hockey Association coaching staff to obtain whatever medical treatment and/or care is deemed necessary by such staff for the health and well-being of the skater participating during the term of his/her program participation, including the consent to obtain and have administered any emergency medical or surgical treatment by any physician licensed to practice medicine in the State of Michigan.

Skater's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date Signed: \_\_\_\_\_