



2010 Burnsville Boys High School 4 x 4 League Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

E-Mail: _____

Emergency Contact name & phone #: _____

Jersey Size (circle one): S M L XL XXL GOALIE

Team played on during 2009-10 season: _____

Medical Release: In the event my child _____ is injured during the absence of parent or legal guardian, I give permission for the person in charge to seek medical attention.

Release of Liability/Acknowledgement of Risk: I/we agree to abide by the conditions of the BHS Boys Hockey Booster Club. I/we understand and appreciate that participation or observation of the Summer League is done at my/our own risk and agree to hold harmless the Boys Hockey Booster club, all organizers and volunteers for any claim whatsoever. It is specifically agreed that the Boys Hockey Booster Club will not provide any insurance covering my child.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Please return this form along with your check for \$125.00 (Made payable to the BHS Boys Hockey Booster Club) by Sept 3, 2010 to:

**BHS Boys Hockey Booster Club c/o Pat Dockry
14808 Hillside Lane – Burnsville MN 55306**

*****NO CHECKS WILL BE DEPOSITED UNTIL SEPT 30TH*****

SIGN UP TODAY!

For questions please contact:

Candy Childs 952-237-8160 after 3:30 cchilds@rmseq.com

Carma Madigan 952-381-4038 after 5:00 c.madigan@yahoo.com