

# Central Oregon Indoor Sports Center

20795 High Desert Lane • Bend, OR 97701 • (541)388-3808 • Fax (541) 388-3509



## Youth School Club Hockey Registration



**Spring 2009 - 12 weeks.....**

**Week Nights (TBA)**

**Beginning in March**

**\$99.00**

**6 practices & 10 Games!**

**Required Equipment:**

Helmet, Elbow Pads, Gloves, Shin Guards w/knee protection, skates, stick, mouth guard are all required, and hip pads (recommended)

**Note:**

\* \$50 of the registration fee is non refundable and there are no refunds after February 28<sup>th</sup>

**Sibling Discounts:**

\* We give \$5 off for the first sibling and \$10 for the second and all subsequent youth sibling in a family

\* 10% **DISCOUNT** if registered on or before February 1<sup>st</sup> 2009!

Each team will consist of 8-12 players and a goalie  
\$25.00 Membership to USA Hockey required for all players

Visit our Web site [www.bendindoor.com](http://www.bendindoor.com)

**For facility rules, schedules and other details.**

6-U   8-U   10-U   12-U   14-U   H/S (Please check one)

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_

Player's Name \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Name \_\_\_\_\_ Coach Volunteer (yes) (no) Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Emergency # \_\_\_\_\_

**Please check the following:**    **Beginner**    **Intermediate**  
 **Advanced**    **Goalies pay only \$59**

All youth teams receive 6 practices at COISC. If your coach decides to hold additional practices, the cost will be \$6 per player per practice with an 8 player minimum

I, parent/guardian, understand there is a liability and medical release that I must sign before my child may participate at Central Oregon Indoor Sports Center.

**Parent/Guardian/Player 18 or older Signature X** \_\_\_\_\_

**Volunteer Coaches are needed for this program. Please inquire at registration!**

Attach checks made payable to: Central Oregon Indoor Sports, with completed registration information.

**Credit Care Payment: Circle One: Visa / MasterCard**

**Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature: X** \_\_\_\_\_



# Central Oregon Indoor Sports Center, LLC

## WAIVER OF INJURY/LIABILITY RELEASE (MINOR)

I/we (parents or guardian) understand that Central Oregon Indoor Sports Center, LLC ("COISC") is furnishing only the opportunity to use an indoor athletic facility and hereby give my/our consent and agree to release, indemnify and hold harmless COISC and all personnel, including, but not limited to, officials, staff, landlords, representatives and owners from any claim arising out of any injury, permanent injury or death to the named individual. I understand the rules of the game and facility, the hardness of the playing surfaces, dasher boards and tempered glass, the different and unique playing characteristics of sport court, and the roughness of the sport. My child will play under control within the rules of the game and to the best of his/her ability will avoid causing injury to himself/herself and other persons using the facility. I grant COISC the right to video tape and/or photograph the player's participation in activities and to use the pictures in future brochures. This waiver shall be effective until and unless revoked by parent/guardian or the named individual upon the attainment of 18 years of age.

I/we the undersigned, parents or guardian of the named individual, a minor, do hereby authorize the coaches, assistants, staff, officials or parents of the team members acting in capacity of activity supervisors, as Agents for the undersigned, to consent, in my/our absence, to medical, surgical, or dental examination and treatment of the named individual. In case of emergency, I/we hereby authorize treatment and/or care of the named individual in ANY hospital and by ANY licensed medical doctor or dentist.

Player's Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

.IF THERE IS AN EMERGENCY AND I/WE CANNOT BE REACHED PLEASE CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:

Player Card # \_\_\_\_\_ Date \_\_\_\_\_

Paid \_\_\_\_\_ Initials \_\_\_\_\_