



REGISTRATION FORM

Print Registration Form & Mail with \$100 Tryout Fee to:

DC SELECTS

PO Box 7243 • Gaithersburg, MD 20898-7243

Participant Name

Address

City, State, Zip

Phone

email address

2011/12 Team & Level

Position

Height / Weight

Date of Birth

Emergency Contact

Cell Phone

Home / Office Phone

SESSION SELECTION (Register by Birth Year)

1999 - \$100 2000 - \$100 2001 - \$100 2002 - \$100 2003 - \$100 2004 - \$100 2005 - \$425

Cash

Check Payable to Nothing But Net Hockey Skills

2005 Birth
Year Team
\$425 Fee
No Tryout

In consideration of tryout fee and participation in DC Selects tryouts, we do hereby forever release and discharge DC SELECTS, Nothing But Net Hockey Skills, Hockey Dynamics, Montgomery Youth Hockey Association and Rockville Ice Rink, their directors, agents, employees and any person or corporation connected herewith from all manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have, suffer or receive by reason of such participation in the program. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that DC SELECTS, Nothing But Net Hockey Skills, Hockey Dynamics, Montgomery Youth Hockey Association and Rockville Ice Rink do not and shall not be considered to guarantee or warrant such equipment as may be used.

Signature or Parent / Legal Guardian

Date