

Wheelchair Hockey League Registration Form



NAME: _____ DATE: _____

Address Has Not Changed Since Last Season

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ GENDER: M F

STATE: _____ ZIP: _____ CHAIR: ELECTRIC MANUAL

PHONE:(____) _____ T-SHIRT SIZE: _____

CELL PHONE:(____) _____ -for emergency only

EMAIL: _____

PARENT'S NAMES: _____

DISABILITY: _____

OTHER NOTES: _____

2008-09 Waiver

In consideration of your acceptance of this entry, I, for myself, my heirs, executors, administrators and assigns hereby waive, release and discharge any and all claims against the Wheelchair Hockey League, league sponsors, league volunteers and their officers, directors, agents, successors, and/or assigns for any and all injuries suffered by me and/or damages to my wheelchair while playing in WCHL games

SIGNATURE OF PLAYER: _____

SIGNATURE OF PARENT (IF UNDER 18): _____