

ALLEN AMERICANS SUMMER HOCKEY CAMP REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Daytime Telephone: (_____) _____

Evening Telephone: (_____) _____

Grade in September: _____ Age: _____

Sex: _____ Date of Birth: _____ Ht: _____ Wt: _____

Position Played: _____

Age Group: • **Group 1 (6-8)** • **Group 2 (9-12)**

Jersey Size: •Youth •Adult

•Small •Medium •Large •X-Large •XX-Large

•**July 12-16 \$249**

U.S. FUNDS ONLY.

Please make checks payable to

“ALLEN AMERICANS HOCKEY CLUB”

Circle one: •CHECK •MASTERCARD •VISA

Card Number _____

3 digit security code _____ Exp. Date _____

Signature _____

IN CASE OF EMERGENCY - CONTACT:

Name _____

Daytime Telephone _____

Name of Medical Insurance Company & Telephone _____

_____, as parent or legal guardian of the participant named above, authorizes the Allen Americans Hockey Club to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send Application and Medical Treatment Form with payment in full to:



ALLEN AMERICANS
190 E. Stacy Road Ste. 1508
Allen, TX 75002

Phone 972.912.1000 | Fax 972.912.1001

