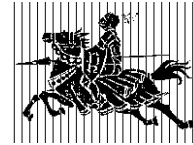




# RFA Black Knights Summer Youth Hockey Camp



## Registration Form:

**Player:**

Name:							
Address:							
City:		State:		Zip:			
Age:		Birth Year:					
School:		Grade:					
Home Phone:							
Cell Phone:							
Level Next Season:		Mite:	SQT	PW	Bantam		
Last or Current Team:							

**Parents:**

Name:							
Address: Same as above? Yes		If No, Fill Out Below					
Address:							
City:		State:		Zip:			
Home Phone:							
Cell Phone (s):							
Emergency Contact:							
Emergency Contact Phone #'s:							

**Any medical issues or needs that you feel we should be aware of:**


**Parents Consent:**

I give my child permission to voluntarily participate in the RFA Hockey Booster Club summer camp. I understand that anyone who participates in any type of athletic activity in which the body is in motion or in which an object is in motion is exposing himself/herself to risk of severe injury, or even death. I understand this and will be responsible for any injury that may occur.

Parent or Guardian signature:		Date:	
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If submitting electronically, type in your name and it'll be understood that you accept and agree to the Parent Consent.

***Black Knight Pride***  
***Execute Like Champions !***

[www.rfahockey.com](http://www.rfahockey.com)