



PUCKidz, Inc.

1037 Yosemite Drive, Chula Vista, CA 91914 • (619) 573-7115 • PUCKidz@gmail.com



Registration/Waiver of Liability/Photo Release

Child's Last Name _____ First Name _____

Birth Date ____/____/____ Grade ____ Age ____ School _____

Home Address _____ City _____ Zip _____

Home Phone _____ Email Address _____

Parent/Guardian _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

* Emergency Contact (We will only use this number if we cannot reach either parent/guardian.)

Name _____ Phone # _____

PARENTAL CONSENT:

As parent/guardian I give my child permission to participate in the PUCKidz, Inc. programs and activities and I release PUCKidz, Inc. owner, employees or agents, from any responsibility and or liability regarding any injury resulting from participating in any and all of the programs PUCKidz offer: hockey, lacrosse, tennis, golf, cooperative games, etc.

I realize and fully comprehend that by participating in the above programs my child may risk bodily injuries, paralysis, dismemberment, etc... I also acknowledge that my child is in excellent physical health and has no physical limitations that would prevent him from participating in PUCKidz activities.

I further agree to inform my child that he/she must follow all safety rules, policies and procedures as instructed with regard to the PUCKidz programs he/she is now attending or will attend in the future.

By signing this form, I acknowledge that I have read and understand its contents and voluntarily choose to permit my child to participate in the activities described above.

Signature of Parent/Guardian _____ Date _____

PHOTOGRAPHS/VIDEOS:

I hereby further authorize PUCKidz, Inc. to take photographs and videotape of my child while participating in any PUCKidz, Inc. activities. By my signature below, I authorize PUCKidz, Inc. to use any of the above for promotional purposes.

Signature of Parent/Guardian _____ Date _____