



# 2016 HbB Registration Form

1103 Winton Street Wausau, WI 54403 715.842.3112

Name \_\_\_\_\_ Age \_\_\_\_\_ <sup>(next season)</sup> Mt / Sq / PW / Btm / HS / Girls

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Position: G F D T-Shirt Size: YMed YLrg ASmall AMed ALrg AXLrg

## Program/Clinic—Make check payable to: Hockey by Bauer LLC.

- SDP-I Tue-Thur June 14-July 21 Cost \$249 Greenheck Fieldhouse
- SDP-II Mon-Wed June 13-July 20 Cost \$249 Greenheck Fieldhouse
- SDP-III Tue-Thur June 14-July 21 Cost \$119 Greenheck Fieldhouse
- Power by Bauer May—July Cost \$249 Greenheck Fieldhouse

SDP Goalies—Cost \$50 Power by Bauer Goalies—Cost \$125  
(Should have some experience in goal / must furnish their own equipment)

**EARLY REGISTRATION—before March 31st SDP I,II—\$225 III — \$100  
SDP & PbB Together — \$425 (Goalies \$125)  
\$75 deposit holds a spot—Balance due by June 1st**

Discounts available for families with multiple participants & military families.  
Call / E-mail for details.

Amount Enclosed \_\_\_\_\_ More Info: [www.hockeybybauer.com](http://www.hockeybybauer.com)

## Emergency/Waiver

In case of emergency, CONTACT \_\_\_\_\_  
Emergency phone contacts \_\_\_\_\_ / \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Medical conditions we need to be aware of; \_\_\_\_\_

**Waiver and Release of Liability:** Participant and guardian hereby affirm that by enrolling in any of the Hockey by Bauer, LLC programs, participant and guardians are required to provide all protective equipment to be used by participant in the program and participant and guardian are responsible for the safety and good operating condition of said equipment. Participant and guardian understand and agree that neither Hockey by Bauer, LLC nor members of the program— owners, operators, sponsors, agents or instructors of Hockey by Bauer, LLC may be liable in any way for any occurrence in the connection with the programs which may result in injury, death or other damages to participant or participant's family, heirs or assigns. Participant and participant's guardian have agreed to these release terms of their own free will. Participant and guardian have read and understood the contents of this assumption and release. Participant and guardian assume responsibility for participant's physical fitness and capability to perform under normal conditions of Hockey by Bauer, LLC. Furthermore, I understand the Hockey by Bauer, LLC reserves the right to use any pictures or videos taken during any programs for advertising and promotional purposes.

\_\_\_\_\_ parent/guardian \_\_\_\_\_ date

Office Use:  confirmation sent \_\_\_\_\_ balance due  PAID in FULL