



Player's Full Name:

Parent Name(s):

Home Phone:

Email Address:

Mailing Address:

City:

State:

Zip:

Age:

Date of Birth

Position Played

Level Of Hockey Last Played:

Camp Session

Medical Ins. Company:

Policy Number:

Any Allergies/Medical Conditions/Injuries:

Comments:

The undersigned agrees that Hankinson Hockey Development and sponsors are not held responsible for accidents, injury or loss of property however caused, and agrees to release the City of Edina for all claims that may arise as result of such accidents or loss.

Participants are required to supply all recommended equipment by AHAUS.

I have read the foregoing and agree to the terms and conditions.

X _____
Signature of Parent or Legal Guardian

Camp Fees	
Mite	FULL
Squirt	\$285.00
Pee-Wee	\$285.00
Bantam	\$285.00
Girls U10:	\$285.00

*Please make checks payable to Casey Hankinson
 Mail this registration form and payment by March 1, 2007 to:
 HDD 2007 C/O Casey Hankinson
 7149 Valley View Road
 Edina, MN 55439