

Littleton Youth Hockey Registration Form

Player's Name: _____ DOB _____

Parent's/Guardian's Name: _____

Address: _____ Town: _____ State: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Email: _____

Name of person financially responsible for registration fees: _____

Parent/Guardian's Employment Information

Father's Employer: _____

Address: _____ Phone:(_____) _____

Father's email: _____

Mother's Employer: _____

Address: _____ Phone:(_____) _____

Mother's email: _____

Insurance Information

All Participants in Littleton Youth Hockey Association activities should be covered by some form of medical insurance in the event of injury. The registration fee provides insurance coverage to supplement your own insurance in the event of injury. This policy is provide through USA Hockey and provides general liability, catastrophic medical and excess accident coverage subject to a deductible. You may examine the insurance coverage further by requesting information from the NE District Risk Manager.

Insured Person: _____

Insurance Company: _____ ID Number: _____

Parental Permission

I hereby give permission for _____ to compete in all Littleton Youth Hockey Association activities. Permission is granted for the above to accompany the coaches and other responsible adults in traveling to and from meetings, practices and games. Responsible adults and coaches will exercise reasonable precaution and care in transporting children to activities, but will assume NO financial obligation to pay for any injury that might occur as the result of an auto accident. In case of emergency, I hereby give my permission to the physician selected by the responsible adult in charge to hospitalize or secure proper treatment for my child. _____ Date: _____