



South Florida Cats



### 1997 SPRING TRAINING REGISTRATION – Fee \$295.00

- 1) Fill out completely
- 2) Mail, with payment, to: (Checks made out to Incredible Ice)  
mail to: Hockey Department Attn Florida Cats ,3299 Sportsplex Dr, Coral Springs, FL 33065

Players Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email addresses: **IMPORTANT** (provide as many as you have, please print clearly, we use these to send confirmations, updates, etc.) **Note:** If your email address is illegible we will not be able to send confirmation email, therefore you will be responsible to confirm acceptance to the team you are applying for and all other information.

Parents' Names: \_\_\_\_\_

Father email: \_\_\_\_\_

Mother email: \_\_\_\_\_

07-08 Program \_\_\_\_\_ Team: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Ph# \_\_\_\_\_ Coach Email: \_\_\_\_\_

Position(s): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shot: L or R (circle one)

**Release and Indemnity Agreement:** I, parent of the above-named player, acknowledge that ice hockey is a contact sport and sometimes a dangerous activity that can result in physical injury or other damages. I AGREE that Incredible ice LLC, its officers', agents, servants, employees, coaches, scouts, volunteers and sponsors shall not be liable to me or the above-named player for any injury or damage resulting directly or indirectly from any participation with said team(s). In consideration of the South Florida Cats teams accepting the above-named player, the undersigned hereby acknowledges and agrees that, to the fullest extent of the law, the undersigned will defend, indemnify, discharge, and hold harmless Incredible Ice LLC, and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the above-named player.(s) participation in any way with the South Florida Cats, including without limitation any injuries or damages incurred.

**Consent for Medical Treatment of A Minor:** As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb, or well being of the above-named player.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Payments must be made by Credit Card**
- ALL PAYMENTS ARE NON-REFUNDABLE FOR ALL REASONS**

Credit Card info: CC Type – M/C Visa Amex

Name on Credit Card \_\_\_\_\_

CC# \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_