



## 2 V 2 Turbo Hockey 2008

WHEN: Games begin the week of May 12, 2008.  
Consists of one game a week for 10 weeks.

WHERE: Hat Trick Training Center

WHO: Mites, Squirts, Pee Wees

Team Entry Fee: \$1125.00 per team (6 players @ \$175.00  
and 1 goalie @ \$75.00. Includes game  
jersey for each player.

Final payment, registration form, and waiver for each  
player due by May 1<sup>st</sup>.

Please make checks payable to: Hat Trick Training Center

Please mail your forms to:  
Hat Trick Training Center  
2 DeBush Avenue Unit B-5  
Middleton, MA 01949

For more information visit [www.hattricktrainingcenter.com](http://www.hattricktrainingcenter.com) or call 1-866-428-8742.

# Registration Form

## Hat Trick 2 V 2

Team Name \_\_\_\_\_

Level: circle one Mite Squirt Pee Wee (no check)

### Head Coach

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

Email \_\_\_\_\_

Assistant coach name \_\_\_\_\_

### ROSTER

Player 1 \_\_\_\_\_

Player 2 \_\_\_\_\_

Player 3 \_\_\_\_\_

Player 4 \_\_\_\_\_

Player 5 \_\_\_\_\_

Player 6 \_\_\_\_\_

Goalie \_\_\_\_\_



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### WAIVER AND RELEASE

Waiver and release: I, the undersigned, acknowledge and agree that the risk of injury from the activities involved in this program is significant, and I knowingly and freely assume all such risks, both known and unknown of my child's participation, even if arising from the negligence of others and assume the full responsibility.

Player Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Name/Head Coach \_\_\_\_\_