



**STRONG DYNAMICS HOCKEY
REGISTRATION**

Phone: 617-666-1122

joycestrong@verizon.net

www.strongdynamics.com

Player Name: _____

Parents' Names: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Hockey Level/Team: _____

E-mail address _____

Clinic Location: _____

Dates and Times: _____

Agreement & Waiver

I acknowledge there is risk of injury for me/my child when participating in any hockey program. I understand and accept this risk. I hereby understand and agree that Strong Dynamics Hockey (SDH), Joyce Strong, SDH staff, hired consultants, volunteers and the facilities used to conduct hockey clinics shall in no way be held responsible or liable for any injury suffered by or inflicted by the above student while attending sessions of SDH. I waive and release Joyce Strong and SDH to act for me in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with my/his /her attendance at SDH Clinics. I attest the applicant is in good health and is able to participate in the physical activity of this rigorous hockey program. SDH is not responsible for lost or stolen property.

Signature: (Parent/Guardian if under 18 years old):
