8 Riverside Street Nashua, NH 03062
(603) 595-2400 Fax (603) 595-9406
www.conwayarena.com

HOCKEY ENROLLMENT

PLEASE PRINT CLEARLY

PROGRAM: LEARN TO PLAY HOCKEY YOUTH LEAGUES

PARTICIPANT: _____

PARENT/GUARIDIAN: _____

PARTICIPANTS DOB:_____ AGE: _____

MAILING ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE: ( )_____ EMERGENCY PHONE: ( )_____

E-MAIL ADDRESS:_____

POSITION:_____ JERSEY SIZE:_____

CIRCLE LEVEL: CIRCLE TIER

BEGINNER MITE SQUIRT PEE WEE 1 2 3 4

NOTE: NEITHER THE CONWAY ARENA, STAFF OR VOLUNTEERS ARE RESPONSIBLE FOR ITEMS LOST, STOLEN OR MISPLACED

I, the parent/guardian of the above named boy/girl give my approval for his/her participation in the CONWAY ARENA programs. I do hereby release, absolve, and hold harmless the CONWAY ARENA, its directors, staff, organizers, sponsors, coaches, volunteers and anyone connected with the programs. In the case of injury, I hereby waive all claims against the aforementioned persons. I have read and understand all the above information. I will abide by the policies set forth by the CONWAY ARENA.

PAYMENT/REFUND POLICY: Enrollment is based on a first come, first serve. A 50% deposit is due at time of enrollment if the program exceeds $100. Otherwise, payment is required in full. All deposits/payments are non-refundable unless the program is cancelled or authorized by a program director.

SIGNATURE: _____ TODAY'S DATE:_____

OFFICE USE ONLY: AMT. PAID$_____ CASH_____ CHECK #_____

CC#_____ CC EXP._____

CC NAME_____ BALANCE DUE_____

BALANCE DUE DATE_____ ENTERED_____ CRS INITIALS__