



Girls 3v3 Summer Hockey Registration

JULY 9, 2024 – AUGUST 27, 2024

DOVER ICE ARENA

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Emergency Contact Person and Phone #: _____

Email Address (print clearly): _____

Known Medical Conditions: _____

Age & DOB: _____

Division Played 2022-2023 (circle one): U10 U12 U14 U16 U19 Other: _____

Team: _____ Position: _____

Estimated skill level: _____

Development goals: _____

Jersey Size (circle one): YS/YM YL/YXL AS AM AL AXL

Cost of program is \$250.00

Make check payable to Abbey Raiche or Venmo @abbeyraiche

Please mail hard copy of signed registration form and payment to:

Abbey Raiche

20 Baker Street/Unit 2

Dover, NH 03820

Registration must be submitted no later than June 1st. There are no refunds unless due to illness or injury. For special situations refunds may be considered and will be credited towards next season's program. No refunds will be given for players that decide to leave the program early or for any disciplinary action that may require leaving the program.

Waiver and Release: I fully understand that Abbey Raiche, her staff, and Dover Ice Arena shall in no way be held responsible or liable for any injury suffered by the player listed above while attending this summer hockey program. I give my permission for the staff of this program or Dover Ice Arena to act on my behalf in the event of a medical emergency. I will be responsible for any medical or other expenses that may be incurred during a medical emergency while at this program. The listed player is in good health and able to participate in this hockey program. We may be taking pictures and videos of activities during this program to use in future publications.

Please check if you would NOT allow use of these photos. _____ Do Not Allow the use of pictures.

Signature (parent or guardian): _____

Date: _____