



IMPACT SUMMER 2018 REGISTRATION

PLAYER NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

JERSEY SIZE: YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____

*** jersey orders will be placed May 1st, any sign-ups after that may result in a delay

JERSEY NUMBER: _____ BIRTH YEAR: _____

FALL TEAM: _____ POSITION: _____

PROGRAM	COST	AMOUNT DUE
<input type="radio"/> IMPACT CORE	<input type="radio"/> \$1050 <input type="radio"/> \$900 before April 1 st	
<input type="radio"/> IMPACT INTENSE JULY 9 TH - 13 TH	<input type="radio"/> \$800 <input type="radio"/> \$650 before April 1 st	
<input type="radio"/> IMPACT INTENSE JULY 16 TH – 20 ST	<input type="radio"/> \$800 <input type="radio"/> \$650 before April 1 st	
<input type="radio"/> IMPACT INTENSE JULY 23 RD – JULY 27 TH	<input type="radio"/> \$800 <input type="radio"/> \$650 before April 1 st	
<input type="radio"/> IMPACT MINI CAMP JULY 30 ST – AUGUST 1 ND	<input type="radio"/> \$500 <input type="radio"/> \$400 before April 1 st	
<input type="radio"/> KING OF RINGS TOURNAMENT AUGUST 3 RD – 5 TH	<input type="radio"/> \$200 <input type="radio"/> \$300 non-Impact players	

TOTAL: _____

PAYMENT: Please mail registration & payment to Adam Chervis, P.O. Box 356, Glencoe IL 60022

ONLINE payments can be made, please visit www.impacticehockey.com

*** 2 or more programs - discount of 5%

*** siblings - discount of 10%

No refunds after June 1st

WAIVER: This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for the participant(s), do consent and agree to release any and all claims that we, the participant(s), heirs, assigns and next of kin (together "Releasors") might have against Impact Hockey, its employees, contractors, and vendors (collectively "Releasees") that might arise as a result of participant's involvement in the activities and/or programs connected with Impact Hockey.

Signed: _____ Date: _____

Printed Name: _____