



INLET YOUTH COMMISSION WINTER PROGRAMS

RETURN TO:

INLET MIGHTY LOONS REGISTRAR

JANET CARDELLA

Name _____ Birth Date _____
Last First MI

Parent or Guardian _____ Email _____ Phone _____
Include Area Code

Home Address _____
Number & Street City State Zip

Additional Contacts:

Parent or Guardian _____ Email _____ Phone _____
 Check here to be included in emails, notices, etc. Include Area Code

Home Address _____
Number & Street City State Zip

Emergency/Other Contact _____ Email _____ Phone _____
 Check here to be included in emails, notices, etc. Include Area Code

Home Address _____
Number & Street City State Zip

Please list any allergies/medical conditions: _____

- Ice Skating Hockey USA Hockey Comets Game

Additional Information:

PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in the enrolled activities, except as noted by me, _____.

In the event I can not be reached in an EMERGENCY I hereby give permission to the physician selected by the Inlet Youth Commission to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

Office Use Only

Child's Name _____

Date _____

Year _____

USA Hockey _____