

## TABC Junior Hockey League Application

Name: \_\_\_\_\_

Parents Name \_\_\_\_\_

Full address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Parents E-mail address:** \_\_\_\_\_

School: \_\_\_\_\_

**Grade entering Sept '11:** \_\_\_\_\_

Position: (Goalie or Offense/Defense) \_\_\_\_\_

Based on your son's hockey experience he should be considered (Circle one)

Beginner                      Intermediate                      Advanced

Number preference for Jersey: A)                      B)                      C)

**Please indicate Jersey size – Adult size only: S M L XL (Circle one)**

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

This program is not sponsored or supervised by TABC.

I acknowledge that my son assumes all risk of being injured while participating in the League and I agree to hold Mo Fuchs, Sarel Malitzky, Aaron Malitzky, and Torah Academy of Bergen County, its officers, directors, employees and representatives harmless from any liability, loss or personal expense arising out of my son's participation in the League. I recognize that my son is required to wear an athletic supporter and that it is recommended that he wear shin guards as well. I have read and agree to the terms of this application.

Parent signature: \_\_\_\_\_

In Case of emergency please notify:

Name and Phone: \_\_\_\_\_

Price: \$225- all checks payable to TABC Junior Hockey League Inc.

Space is limited, spots will be reserved on a first come, first serve basis.

Applications/checks should be sent to:  
TABC Junior Hockey League c/o Mo Fuchs  
376 Rutland Ave, Teaneck, NJ 07666