



1615 Amherst Manor Drive
Amherst, NY 14221
(716) 633-8568

PURE DEVELOPMENT PROGRAM PLAYER REGISTRATION FORM

*Please complete form and submit with \$475 program fee today.
If you are unable to pay the full \$475 today, you may pay \$275 today and \$200 by 2/1/09.
Checks payable to: Buffalo Prospects Hockey. Visa & Mastercard also accepted.*

Request 3 jersey #s below (not guaranteed):

Circle jersey size below:

Choice 1: _____ **2:** _____ **3:** _____ **Y-M Y-L Y-XL A-S A-M A-L A-XL A-XXL**

PLEASE PRINT NEATLY:

Birth Year: _____ **Player's Last Name:** _____ **First Name:** _____

Address: _____ **City/State** _____ **Zip** _____

Date of Birth: _____ **Current Team:** _____ **Position:** _____

Phone #: _____ **Emergency Contact:** _____ **Phone #:** _____

Parent(s) Names: _____ **Parent Email:** _____

Important Medical Conditions: _____

Insurance Carrier: _____ **Policy #** _____

I understand the following: USA Hockey does not apply for this spring program. The program fee is due with this form the day your child is selected to participate. All payments are non-refundable. There will be a \$20 assessment for returned checks.

Parent Signature: _____ **Date:** _____

For Office Use Only:

Program payment amount received: \$ _____ Check #: _____ Cash MC/Visa Date: _____

Program payment amount received: \$ _____ Check #: _____ Cash MC/Visa Date: _____

Checklist: o Waiver o Completed Form o CC o J o T o WB