

2010 CLEM LEMIRE HOCKEY TOURNAMENT

(The Tournament is held Mondays through Fridays from mid March until mid April between 3:00-8:00 p.m. at both the JFK Coliseum and West Side Arena)

Applications must be returned to your school or the Manchester Parks and Recreation Department office on Mammoth Road or fax to 641-9409 by **Thursday, February 11, 2010**. Late applications are not guaranteed and will be put on a waiting list. Please adhere to due date to ensure your child's spot. **APPLICATIONS WILL BE COLLECTED IN THE MORNING ON FRIDAY, FEBRUARY 12, 2010**

Name: _____
Address: _____
Age: _____ DOB _____ Tel No.: (H) _____ (W) _____
School _____

Grade: (Please Circle One) _____
Grade School Division: 3 4 5 Middle School Division: 6 7 8

PLEASE NOTE: BUS TRANSPORTATION IS NOT PROVIDED. ALL PLAYERS MUST PROVIDE THEIR OWN TRANSPORTATION AND FULL EQUIPMENT IS REQUIRED.

WAIVER:

As the Parent(s) or Legal Guardian(s) _____
I (we) understand that, the League, Volunteers, Sponsors, West Side Arena, J.F.K., or the City of Manchester are not responsible for any injury that may occur during this program. If, however, medical treatment is needed, I hereby authorize that a licensed physician may treat the player named above.

Printed Name of Parent/Legal Guardian: _____ SIGNATURE: _____

HOSPITAL: _____ PHYSICIAN NAME: _____ TEL NO _____

INSURANCE CARRIER: _____ POLICY ID# _____

Note: We are in need of volunteers to make this tournament a success. The beneficiaries of the program are the children of the City who participate in it YOUR KIDS! Show your support and get involved.

THANK YOU IN ADVANCE FOR YOUR COOPERATION

Head Coach _____ Assistant Coach _____ Division Contact _____ Score/Time Keeper _____

NAME: _____ TEL.NO. _____

Volunteers should contact Eric Fischer @ 647-9221 or Manchester Parks & Recreation @ 624-6565
e-mail address(clemlemirehockeytournament@comcast.net)

Most recent

Team: _____ Position: _____ Goaltender _____

The coaches will collect a **fifteen (\$15.00)** dollar fee, cash or check for each child on the first practice. This fee will be used to pay for referees and trophies. Please make checks payable to **MRYHA** (Manchester Regional Youth Hockey Association). There will be a **\$25.00** fee for a returned check.