

FCPHL/BEAVER MEADOWS POND HOCKEY 2012  
FEBRUARY 3-5, 2012  
REGISTRATION FORM

Team Name (be creative or change it later) \_\_\_\_\_

Captain \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Player 2 \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Player 3 \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Player 4 \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Player 5\* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Fees: Tournament \$800 per team \*Register and pay by 12/12/11 \$750/team\***

**Includes 5 games guaranteed, Dinner on Friday, Breakfast, Lunch and Dinner Saturday, Breakfast and “Brats on the Pond” Sunday. Don’t forget the traditional welcome kit, and beer. More and Updated info at [www.fcphl.net](http://www.fcphl.net)**

**Meal packages for family and guests also available:  
\$55 for adults, \$27 for kids 12 and under.  
Make note in comments below.**

**Lodging: To maximize available space, Beaver Meadows will be assign lodging accommodations. Make note in Comments if you have your own “off-site lodging”.**

Make checks to **FCPHL**                      FCPHL  
And remit in full to:                      Post Office Box 271585  
Fort Collins, Colorado 80527

Comments: \_\_\_\_\_

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\* Player 5 is optional. Games will still be 4 on 4, sub on the fly. All players must be registered by February 3<sup>rd</sup>. No changes can be made once registration is closed.

*Wavier of Participation:*

*This document affects your legal rights. Read it before signing and registering your team. All participants are required to sign before beginning play in the Beaver Cup. If you can't read or understand any part of it, ask any experienced pond hockey player what it means.*

*Personal Release:* By signing below, I acknowledge pond hockey is a physical activity that may result in injury or death. I agree to hold harmless other participants, FCPHL and its officers, and Beaver Meadows Lodge and Resort for any injury or death which may occur. I also allow my photo or likeness to be used for promotional use without compensation.

*Medical Release:* In case you need medical attention, and your emergency contact cannot be reached, FCPHL officials are authorized to take whatever action is deemed necessary for the health of the participant signing the wavier. I agree I am solely responsible for all medical and ambulance costs and services.

***I have read the above statements and agree to the statements as written:***

**TEAM** \_\_\_\_\_

**Captain** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signed*

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Player 2** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signed*

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Player 3** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signed*

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Player 4** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signed*

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Player 5** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signed*

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Note: Fill out as much information as possible during registration. Make sure your signature is on this form before you participate in the tournament. You can sign the morning of the Tournament.