**Barrow Hockey & Curling Association**
**PO Box 1942**
**Barrow, Alaska 99723**

# MEMBERSHIP APPLICATION

First Name _____ Last Name _____

Address _____ Home Phone _____

Work Phone _____

Emergency Contact _____ Emergency Phone _____

Birth date _____ Age _____

Sex Male _____ Female _____ Email: _____

Number of Years of Hockey Experience
0-1 2-4 5-8 9+

Handed
L R ?

Number of Years of Curling Experience
0-1 2-4 5-8 9+

Shoe Size
_____

As a member of the Barrow Hockey and Curling Association, I agree to follow the Constitution, By-Laws, Rules and Regulations established and followed by this organization. I agree to contribute to The Barrow Hockey and Curling Association as prescribed by the elected officers of this. I understand that by failing to comply with either of these stipulations will result in suspension or revocation of membership.

As a hockey player, I have read the penalty procedures and will do my best to comply with the rules of the Barrow Hockey Association's "No Check" Hockey League.

I also understand that neither The Barrow Hockey and Curling Association, its registered members, associated members, nor its elected officers will be held responsible for injuries incurred during participation in Barrow Hockey and Curling Association activities.

_____ _____
Member Signature Today's Date

_____ _____
Member Guardian Printed Name and Signature (if member is under 18) Today's Date

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*Official Use Only*

Curling _____
Hockey _____
Both _____

Amount Due: _____ Receipt No. _____
Received by: _____ Date: _____