

006/18/00

Registration Form • Waiver of Liability • Permission to Treat • *Expiration Date* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone (Home) \_\_\_\_\_ emergency \_\_\_\_\_

Parent Names \_\_\_\_\_ e•mail \_\_\_\_\_

T-Shirt size: 10-12 M XL Team Name \_\_\_\_\_ Coach \_\_\_\_\_

The following equipment is required and may be purchased, if needed, at the *HOCKEYZONE* Hockey Shop:  
gloves \$40.00\*; helmet w/cage or shield \$58.00\*; mouthpiece \$3.00\*; shinguards \$45.00\*; cup  
\* (*pre-orders may be necessary; prices subject to change*)

Indoor Skates Must Be Inspected By Management Before Using Indoors: Pass Fail skate size \_\_\_\_\_

Do you have health problems (heart, back, knee, etc.) that could limit participation? \_\_\_\_\_

Are you on any medication? \_\_\_\_\_ Allergies, special medical information \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

**Authorization to treat minor child in parent's absence** • I, parent/guardian of the above named minor child, give permission to the Stadium Roller Rink, or agent of, to act in my behalf when immediate medical or surgical care is needed.

**Waiver of Liability** • I fully realize the potential dangers of participation in Hockey (the Event) and understand that severe and permanent injury, even death may occur. I assume the risks associated with such participation. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest any rights and claims which I have or which may hereafter accrue to me against all organizers/sponsors of the Event (and their respective agents, officials, employees) through or by which the Event will be held for any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or association with the Event.

In consideration of participating in the Event, the undersigned:

1. Agree that the parent/guardian will instruct the minor participant prior to participating in the Event, that he/she should inspect the facility/equipment to be used and if believing anything is unsafe, should immediately advise management of this condition and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in sporting activities that involve risk of serious injury and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used.

As participant, I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in the Event, or would interfere with my ability to participate in the Event. As participant, I agree to follow Stadium Roller Rink "Patron Rules of Conduct", as posted; I agree to wear required protective equipment (helmet w/cage or shield, mouthpiece, shinguards, gloves, cup for boys). Refunds will not be issued for any reason. Any photos taken by the Stadium Roller Rink are property of the Stadium Roller Rink and may be used for advertising purposes, including but not limited to posting on our web page; [www.skatehillsdale.com](http://www.skatehillsdale.com).

I/We have read and understand the information on this form and sign it voluntarily.

**Parent or guardian of minor participant:** I give permission for my child or ward to participate in the Event and individually and on behalf of my child or ward agree to the terms of the above.

Signature (Skater) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian, if skater is a minor) \_\_\_\_\_ Date \_\_\_\_\_