



ADULT HOCKEY LEAGUE PLAYER REGISTRATION

This form must be completed and submitted to your team captain together with: (1) The confirmation receipt from your registration on-line with USA Hockey at www.usahockey.com; (2) a completed USA Hockey Waiver; (3) a completed Medical History Form; and (4) a completed USA Hockey Consent to Treat Form.

Team Name: _____

Player Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

DOB _____

League A _____ B _____ C _____

Are you a Goalie? Yes _____ No _____

Emergency Contact: _____

Phone: _____

Waiver Form

The undersigned (hereafter “participant”) acknowledges and agrees that the risk of injury from activities engaged in at the facilities known as the Icearium are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and **the participant knowingly and freely assumes all such risks**, both known and unknown, **even if arising from the negligence of the Releasees** or others, and assumes full responsibility for the participation by the participant in any and all such activities. The participant willingly agrees to comply with the stated and customary terms and conditions for the participation in any and all such activities engaged in at the Icearium. If, however, the participant observes any unusual significant hazard during his/her presence or participation, the participant will remove himself or herself from the participation and bring such hazard to the attention of an authorized representative of the Icearium. Further, the participant, for himself or herself, and his or hers heirs, assigns, personal representatives and next of kin, hereby releases, indemnifies and holds harmless the Icearium, its owners, managing agent, officers, instructors, officials, agent and/or employees, other users, sponsoring agencies, sponsors, advertisers, public relations agencies, and affiliates (“Releasee’s) with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the Releasees or otherwise.

I have read this release of liability and assumptions of risk agreement fully understand it terms, understands that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

Player

_____/_____/_____
Date

MEDICAL INFORMATION

Are there any allergies or other conditions that may restrict the player from participating in normal game and practice activities?

If yes, please include special instructions: _____

Emergency Contact: _____ Phone# _____

Insurance Provider: _____ Group# _____

Physician Name: _____ Phone# _____