

EACH player



AHAI HIGH SCHOOL HOCKEY PARTICIPATION FORM



Download the form to your computer. Complete all fields - then print the form for signature.

Season 20__ - 20__

Player's Name _____ School Name _____
 Street Address _____ School Address _____
 City _____ State _____ Zip _____ School City _____ State _____ Zip _____
 Phone _____ School Phone _____
 Date of Birth _____ Hockey Club _____

HOLD HARMLESS AGREEMENT:

We recognize and acknowledge that ice hockey, as well as other contact sports, is a game in which there are risks of injury to the participants. Because of this, and desiring that the above named minor participates as a player with the above High School Hockey Club, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the above High School Club, the school(s), its agents and coaches; the High School Hockey League, and its Divisions, their officers, directors, agents and personnel; each ice rink in which the League participates, and its agents and personnel; USA Hockey and the Amateur Hockey Association Illinois, Inc. harmless from any and all liability for damages because of injury or otherwise sustained by the above named minor; arising directly or indirectly out of or in connection with his/her enrollment and/or participation as a player with the above named High School Hockey Club during the above specified season.

Signature of Player _____ Date _____

Signature of Parent/Guardian _____ Date _____

DOCTOR'S CERTIFICATION OF EXAMINATION AND APPROVAL TO PARTICIPATE:

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date Examined: _____

I, the above doctor, have given a physical examination to the above player and I have found him/her physically fit to practice and play ice hockey with the above High School Hockey Club and to participate in High School Hockey for the above specified season.

Doctor's Signature _____ Date _____

HOSPITAL RELEASE:

The player named above has my permission to engage in all hockey activities, i.e. games, practices, drills, etc., for the above specified season. In the event of injury, I hereby give my permission to hospitalize and secure treatment, including injections, anesthesia or surgery for the above named player.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Next of Kin _____

Home Phone _____ Cell Phone _____

Health Insurance Plan: _____ Group #: _____ Policy # _____

Download the form to your computer. Complete all fields - then print the form for signature. All Signatures **MUST** be Originals.
Submit Original Form to Club Registrar and keep a copy for your records.
Club Registrar forwards a copy to the League/Division as directed.

Club Initials _____ Date ____/____/____ League/Division Initials _____ Date ____/____/____