



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_