

**Eagles Hockey Club**

**Registration/Release Form**

**Skate with the Eagles – February 23, 2021**

Player Information:

 *Name of Participant:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Current Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Check one: 7th grade:* \_\_\_\_\_ *8th grade:* \_\_\_\_\_*9th grade:* \_\_\_\_\_*10th grade:* \_\_\_\_\_

***USAHockey Confirmation Number****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following Waiver and Release is required for all skaters. Please bring to the game.

**Waiver and Release:**

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above event, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above event. I recognize and acknowledge that there are certain risks of physical injury to participate in the above event and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated

with such event. I agree to waive and relinquish all claims I or my minor child/ward may have as a

result of participating in the program against the Eagles Hockey Club, Arctic Ice Arena, and any of the officers, agents, members, servants and/or employees of the mentioned entities. I do hereby fully release and discharge the Eagles Hockey Club, Arctic Ice Arena, and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of this event. I further agree to indemnify and hold harmless and defend the Eagles Hockey Club,

Arctic Ice Arena, and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all civil claims resulting from injuries, damage or losses sustained by me or my minor child/ward arising out of, connected with, or in a anyway associated with the activities of this event. In the event of any emergency, I authorize Eagles Hockey Club, Arctic Ice Arena officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Waiver and Release.

**Permission to Secure Treatment: Yes: (please check) \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant or Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Mobile#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**