



## Brick Stars 2016/2017 Challenger Hockey Registration Form

Players Name \_\_\_\_\_

Players Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Players Birthdate Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Special Needs/ Requirements: Anything the program should know about your Child?

\_\_\_\_\_

Did your child participate in last years Brick Stars Challenger Program? Yes / No

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. Conduct : We hereby understand, agree to abide by and support the current USA Hockey and USA Hockey Disabled rules of play, personal conduct and terms and conditions. We also agree to abide by all regulations and stipulations as stated in the Brick Stars Challenger Hockey Inc, Bylaws.

2. Risk of Serious Injury: I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my child participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, agree to the Waiver of Liability Release and Indemnity Agreement. I therefore, Waive, Release and Hold Harmless, The Brick Stars Challenger Hockey Program (Brick Stars) and all persons acting on its behalf including the directors, officers, coaches, managers, and volunteers from any and all liability from bodily injury or property damage resulting from participation in any of the Brick Stars Program. I give permission for the coach and / or manager of the Brick Stars Challenger Hockey Program to secure medical assistance and treatment in case of an emergency while \_\_\_\_\_ is participating in Brick Stars Challenger Hockey activities. I authorize the use of photos and video of my child taken during any activity for promotional or instructional purposes with respect to the Brick Stars Challenger Program, without compensation to either player o parent/guardian . I understand and agree to respect all these conditions of participation in USA Hockey and USA Hockey Disabled sanctioned programs.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make Checks Payable to Brick Stars Challenger Hockey for \$200.00 and mail to PO Box 1737 Brick, NJ 08724**

Official Use Only

Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Check # \_\_\_\_\_