

Skateaway Youth Hockey Registration Form

Check One: Player _____ Coach _____ Volunteer _____

Name: _____ Age: _____ D.O.B.: _____

Parent/Guardian Names: _____

Home Address: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ (circle preferred #)

Would you be interested in a tournament team: YES NO

Photo Release:

I consent to and authorize the use and reproduction by Skateaway Youth Hockey of any photographs and audio-visual materials taken of me for promotional material, educational activities, and exhibitions to benefit the program.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Liability Release:

To participate in any program at Skateaway Youth Hockey I acknowledge the risks and potential for risks of hockey and associated activities. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against Skateaway Youth Hockey, it's owners, instructors, coaches, volunteers and/or employees for any and all injuries and/or losses that may be assumed while participating in Skateaway Youth Hockey's programs.

For this privilege I have read and agree to comply with all rules posted on the property.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Medical History:

Do you have any medical concerns that would require special attention while participating in hockey activities: YES NO _____

Do you have any health problems or allergies that we should know about in case of an emergency?

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of playing hockey or while on the property, I authorize Skateaway Youth Hockey to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____

Physician Contact Information:

Name: _____ Phone: _____

Preferred Medical Facility: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent Signature: _____

Print Name: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of playing hockey or while on the property. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Print Name: _____