



CHICAGO METROPOLITAN HIGH SCHOOL HOCKEY LEAGUE

PARTICIPATION FORM

Player's Name \_\_\_\_\_ School Name \_\_\_\_\_
Street Address \_\_\_\_\_ School Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ School Phone \_\_\_\_\_

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 Team, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the above High School Team, the school(s), its agents and coaches; the Chicago Metropolitan 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 Team during the 20 \_\_\_\_ - 20 \_\_\_\_ season. (Insert Years)

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 \_\_\_\_\_

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 Team and to participate in the Chicago Metropolitan High School Hockey League for the 20 \_\_\_\_ - 20 \_\_\_\_ season. (Insert Years)

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 20 \_\_\_\_ - 20 \_\_\_\_ season. (Insert Years)

In the event of injury, I hereby give my permission to hospitalize and secure treatment, and to order injection, anesthesia or surgery for the above named person.

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

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Next of Kin \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

All Signatures MUST be Originals. No FAX Copies Accepted. Return BOTH Copies to League Registrar.

League Initials \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

