

2010/11 Panther Hockey Program Player Registration Form

In accordance with the Northwest Hockey League, NO ROSTERED TRAVEL PLAYERS will be allowed to play in the Franklin Park Panther Hockey Program. **Proof of USA Hockey insurance is required before being allowed on the ice for clinics or evaluations. Register on-line at www.usahockeyregistration.com. CREDITS ONLY GIVEN FOR ON ICE MEDICAL INJURIES.**

✓CHECK HERE if registering as a GOALIE _____ ID=Must have a Resident Pass to obtain In District rates OD=Out of District

PRE-SEASON CLINIC (Circle One): Mites #10800 Squirt #10801 Peewee #10802 Bantam/Midget #10803 Checking #10798

Pink Panthers:

Fee: ID/\$778 OD/\$916
 11yrs. & Under (1998 & before): _____
 Skater #10794 Goalie #10795
 12-14yrs. (1995, 1996 & 1997): _____
 Skater #10782 Goalie #10783

Gold Mites:

Fee: ID/\$672 OD/\$790
 7 & 8 yrs. (2002&2003)
 Skater #10784
 Goalie #10785

Squirts:

Fee: ID/\$778 OD/\$916
 9 & 10 yrs. (2000-2001)
 Skater #10786
 Goalie #10787

Peewees:

11 & 12 yrs. (1998&1999)
 Fee: ID/\$778 OD/\$916
 Skater #10788
 Goalie #10789

Bantams:

13 & 14 yrs. (1996&1997)
 Fee: ID/\$786 OD/\$926
 Skater #10790
 Goalie #10791

Midgets:

15 & 18 yrs. (1992, 1993, 1994 or 1995)
 Fee: ID/\$796 OD/\$930
 Skater #10792
 Goalie #10793

Phone Number: (_____) _____ Player Name: _____

Address: _____ City/Zip: _____

Date of Birth: ____/____/____ Email Address: _____

Jersey Size (Circle One) Youth Small Medium Large Extra Large
 (Try on required!) Adult Small Medium Large Extra Large

All NEW players must provide a copy of their Birth Certificate.

PLEASE BE ADVISED: Once registered, \$100 will be charged to all participants who cancel out of the program after August 13, 2010, no exceptions. Anyone who drops out after evaluations begin will be charged the full deposit. If the position is filled by another player, \$100 will be charged and the balance refunded. CREDITS ONLY GIVEN FOR ON ICE MEDICAL INJURIES.

Did this player participate on a Panther Hockey team for the Fall/Winter 09/10 Season? Yes _____ No _____

If yes, please circle the level he/she played at: Pink Panther Gold Mite Squirt Peewee Bantam Midget

Parent/Guardian: _____ Emergency Name/Phone: _____

Special Medical Requirement: _____

The information above is accurate to the best of my knowledge. I have read and signed the waivers on the reverse of this form.

Date: _____ Parent/Guardian Signature: _____

Payment Process

I am enclosing full payment. *I would like to pay a 33% deposit with two additional payments due at the first evaluation and by November 14, 2010.

*You must provide a valid Visa or Mastercard number with an **expiration date after 12/01/10** if making payments. If you do not have a Visa or Mastercard, you must submit full payment with your registration.

Amount Being Paid w/Registration: by Cash \$ _____ Check # _____ V MC

Credit Card #: _____ Expiration Date (Dated later than December 1, 2010 only!): _____

Signature of Cardholder: _____ Date: _____

PAYMENT PLAN AGREEMENT: I understand and agree to the following:

If I fail to pay meet my payment requirements as outlined above, I have authorized the Park District of Franklin Park to apply the payment to the credit card listed above. Should the charge to my card be declined and an outstanding balance remains I understand that my child will not be permitted to participate in any future practices or games until the balance is paid in full and a late fee of \$25 will be assessed.

Signature: _____ Date: _____

Please sign the Park District of Franklin Park waiver on the back of this form NOW!

PARK DISTRICT OF FRANKLIN PARK
HOCKEY PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Park District of Franklin Park to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

Date: _____

Participant's Signature

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.