
Panther Spring League 2011 REGISTRATION FORM

PLEASE BE ADVISED: Deposit of \$150 due at time of registration. Balance due 3/6/2011. AAAA CSDHL or NIHL ELITE players are not allowed to play on a team in the Panther Hockey Program. **NO REFUNDS after March 13, 2011 unless vacancy is filled by another player.**

CIRCLE LEVEL AND POSITION:

<u>MITE</u>	<u>SQUIRT</u>	<u>PEEWEE</u>	<u>BANTAM</u>	<u>MIDGET</u>
Skater #11575	Skater #11577	Skater #11579	Skater #11581	Skater #11583
Goalie #11576	Goalie #11578	Goalie #11580	Goalie #11582	Goalie #11584

Phone Number: (____) _____ Player's Name: _____

Address: _____ City/Zip: _____

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

Jersey Size (Circle One) **YOUTH** Small Medium Large Extra Large
ADULT Small Medium Large Extra Large

All NEW Panthers must provide a copy of their Birth Certificate and their USA Hockey Insurance number before registration will be accepted!

NEW PANTHERS! USA Hockey Number: _____

What team/club did your child participate on for the Fall/Winter 10/11 Season? _____

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 deposit of \$150 with **balance due 3/6/11.**

*You must provide a valid Visa or Mastercard number with an **expiration date after 5/1/11** if you are paying a deposit. 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 May 2011 only!*): _____

Signature of Cardholder: _____ Date: _____

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

If I fail to pay my balance by 7:00 PM, Sunday, March 6, 2011, I have authorized the Park District of Franklin Park to put the balance on the credit card listed above. **Should the charge to my card be declined and an outstanding balance remains I understand that a late fee of \$25 will be added to my account and my child will not be permitted to participate in any future practices or games until the entire amount is paid in full.**

Signature: _____ Date: _____

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

PARK DISTRICT OF FRANKLIN PARK
PANTHER SPRING LEAGUE
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.