

G
i
R
L
S
N
i
G
H
t
O
u
t
H
O
C
K
e
y
L
e
a
g
u
e

Spring-Summer 2006 Registration Form

Player Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Date of Birth: _____

Emergency Contact Information:

Emergency Contact name: _____ Relationship: _____

Phone: _____ Alt phone: _____

Background Information:

Is this your first hockey season? Y / N (circle one) Number of years skating: _____

Preferred position: _____ Willing to learn a new position? Y /N

Preferred jersey number: _____ Alt number: _____ Third choice: _____ Jersey Size: _____

I want to play as a (choose one):

_____ Full Time Player

_____ Alternate/Sub only (As a part-time player, I agree to pay \$20 per session. Payment is due each session BEFORE I can skate.)

I would be interested in volunteering as:

_____ Team Representative _____ Team Captain _____ Rules Committee Member

Payments:

Method of Payment: _____ Check (made payable to Hockey Group of South Florida)

_____ Credit Card (call 954-695-1710 for details)

Amount Paid: _____ \$250 – Full Time Player fee _____ \$375 – I want it all! Player fee

_____ \$125 – Full Time Goalie fee _____ \$187.50 -- I want it all! Goalie fee

ALL PLAYERS MUST BE USA HOCKEY REGISTERED BEFORE YOU CAN PARTICIPATE!

Include your Confirmation Receipt with this Registration Form or you will NOT be permitted to skate.

PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK
By signing this document you may be waiving certain legal rights, including the right to sue.

TO: The Arena, Artic Fun Inc. d/b/a Glacier Ice and Snow Arena, and their owners, officers, directors, agents, employees and/or representatives of the Hockey Group of So. FL (HGSF) and it's committee.
ASSUMPTION OF RISK: I am aware that ice skating and hockey involves certain inherent risks, dangers and hazards, which can result in serious personal injury or death. I am also aware that ice skating arenas contain potential dangers to the ice skating public. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury while participating in ice skating activities. I further recognize and acknowledge that the risks inherent in the sport of ice skating can be greatly reduced by taking lessons and using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: In consideration of allowing me to participate in the HGSF's ice skating activities at the Arena, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Arena and/or the HGSF resulting from the HGSF's activities at the Arena.
2. TO RELEASE the Arena from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the activity described in this Agreement, due to any cause whatsoever, including the negligence or breach of contract on the part of the Arena and/or HGSF in the operation, supervision, design or maintenance of the Arena.

ARBITRATION: In further consideration of allowing me to participate in the HGSF's ice skating activities at the Arena, I hereby agree to submit to binding arbitration and any and all claims which I believe I may have against the Arena and/or the HGSF arising from the HGSF's activities at the Arena. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one (1) year from the date on which any alleged claim arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and any court of competent jurisdiction may enforce the arbitration award.

BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

ENTIRE AGREEMENT: In entering into this Agreement I am not relying upon any oral or written representations other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT MY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ARENA AND THE HGSF.

Player Name

Player Signature

Parent of Guardian Name (If player is under age 18)

Parent of Guardian Signature

Date

- **Mail this Registration Form, your USAH Confirmation Receipt, and a check by Saturday, April 1st to: Hockey Group of South Florida, PO Box 936621, Margate, FL 33093-6621.**