



## 2011-2012 REGISTRATION FORM

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Age as of September 2011: \_\_\_\_\_ School Attending/Grade: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Emergency Contact Person (if different from above): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Has your child participated in IHH before? How long? \_\_\_\_\_

Has your child skated in any other league? What league? \_\_\_\_\_

I have reviewed my child's registration form and agree that the facts set forth above are accurate. I consent and agree to allow my child to participate in all of the activities of Ice Hockey in Harlem, Inc. ("IHH"), including classroom sessions, on-ice sessions, clinics, intramural games, traveling games, attendance at professional hockey games, skate safe dental education program, and any other events held or coordinated by IHH. I understand that my child may not be selected to participate in such events, if he/she displays disruptive behavior at any time, has poor attendance at weekly classroom sessions, or poor academic performance.

Parent/Guardian Signature: \_\_\_\_\_

**Consent To Treat**

I hereby give my consent, as parent or guardian of \_\_\_\_\_ (child’s name), to Ice Hockey in Harlem, Inc. (“IHH”), its directors, coaches, agents and employees, to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned participant, for any injury or condition that could arise from or during participation in IHH events, or events at which the above mentioned participant is attending as part of an IHH group.

I agree: (i) to pay all costs and expenses (whether medical, dental or otherwise) incurred in the treatment of the above-mentioned participant, (ii) that all bills and invoices should be forwarded to the address on the previous form, and (iii) to hold IHH, its directors, coaches, agents and employees harmless from and to indemnify each such person or entity against all costs and expenses of any kind (including reasonable legal fees and expenses, if any) which may be imposed on, incurred by, or asserted against such person or entity relating to or arising out of any medical treatment of the above-mentioned participant for any injury or condition that could arise from or during participation in IHH events, or events at which the above mentioned participant is attending as part of an IHH group.

Parent/Guardian Signature: \_\_\_\_\_

**Please provide a copy of your child’s current insurance card with this application.**

**Photo Release**

I hereby consent that any and all images and representations of me or my child in any media, including photography, audiovisual recordings or other means (“Images”), whether in existence today or created hereafter, may be used in perpetuity by Ice Hockey in Harlem, Inc. (“IHH”) for any purpose that IHH deems appropriate, including for educational and training purposes, commercial or non-commercial purposes or for publicity (including by means of the Internet, in print or otherwise). I understand that the Images may include the name, likeness, image or voice of me or my child. I agree that I will receive no compensation or other remuneration for the use of any such Image and I specifically release IHH from any liability or other obligation arising from any use of such Images.

Parent/Guardian Signature: \_\_\_\_\_

**Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement**

In consideration of the below mentioned participant’s registration with Ice Hockey in Harlem, Inc. (“IHH”) and such participant being allowed to participate in IHH events and activities, the participant, together with any parent or legal guardian of participant, (together, the “Releasors”) waive, release and relinquish any and all claims for liability and causes of action, including for personal injury, property damage or wrongful death occurring to the participant, arising out of participation in the IHH program, IHH events, IHH activities, the sport of ice hockey, and/or activities incidental to any of them, whenever or however they occur, including if caused by negligence, including the negligence, if any, of any Releasee (as defined below), and for any such period as said activities may continue. The Releasors each also waive, release and relinquish any and all claims for liability and causes of action on behalf of each of their heirs, executors, administrators and assigns. For the purposes of this Agreement, “Releasee” means any of IHH, sponsors, advertisers, each of their officers, directors, agents and employees, other IHH participants, coaches and officials.

Each Releasor acknowledges, understands and assumes all risks and liabilities (1) relating to ice hockey and any IHH activities, including risks to the participant’s person such as bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom, as well as risks and dangers not known to participant or not reasonably foreseeable at this time (including, but not limited to, those arising from participating with bigger, faster and stronger participants, which risks and dangers may increase if participant participates in ice hockey and IHH activities in an age group above that which participant would normally participate in), and (2) arising from the conditions and use of ice hockey rinks and related premises, including any risk arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing in said areas.

Each Releasor acknowledges, understands and agrees that all of the risks and dangers described throughout this agreement, including those caused by the negligence of any Releasor and/or others, are included within the waiver, release and relinquishment described herein. The participant agrees to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Significant exclusions may apply to USA Hockey’s insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Copies of these materials are available to USA Hockey members upon written request.

The invalidity of any term or provision of this agreement shall not affect the validity of any other term or provision hereof. This agreement affects each Releasor’s legal rights, and each Releasor may wish to consult an attorney concerning this agreement. Each Releasor agrees that if any claim or cause of action is commenced against any Releasee, such Releasor shall defend, indemnify and hold harmless the Releasees from any and all claims, losses, expenses (including attorneys’ fees) or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death or otherwise with respect to any Releasor.

The undersigned acknowledges, on behalf of the participant and the undersigned, that they have read the above paragraphs and have not relied upon any representations of any Releasee.

Participant Name (please print): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Ice Hockey in Harlem Medical History Form**  
(PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD)

Child's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Cell Number: \_\_\_\_\_

Guardian's Daytime Number: \_\_\_\_\_

Guardian's Evening Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Number: \_\_\_\_\_

Does your child have medical insurance: \_\_\_\_\_ If yes, what company: \_\_\_\_\_

What is your child's insurance policy number? \_\_\_\_\_

Does your child have any pre-existing physical or mental medical conditions (if so list detailed information)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies (if so list detailed information)?

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication (if so specify medication name and dosage) **PRINT CLEARLY**

\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the Ice Hockey in Harlem participant listed above, have provided the participant's complete medical information and history. I certify that all of the above medical information is correct.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Forms can be emailed to [jmurray@icehockeyinharlem.org](mailto:jmurray@icehockeyinharlem.org), faxed to 212-722-0018, or mailed to 1460 Broadway, Rm 04-06, New York, NY 10036*