

# INDOOR GOALS HOCKEY LEAGUE REGISTRATION FORM

**Hockey League Fee for Winter 2023 Session: \$289. League Fee \$249 if paid on or before Mon 2/6/23**

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

PREFORMED TEAM NAME: \_\_\_\_\_ Division: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Rating: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

It is your responsibility as a player to review all rules and regulations and abide by them when playing here at Indoor Goals. The link to these can be found on our website [indoorgoals.com](http://indoorgoals.com) which are updated each season. **I understand and will comply with RHA Roller Hockey Rules and with Indoor Goals' House Rules.**

Sign: \_\_\_\_\_

**EMERGENCY Contact:** Name: \_\_\_\_\_ Phone \_\_\_\_\_

## HOCKEY RELEASE OF LIABILITY for PARTICIPANTS --- READ BEFORE SIGNING

**MEDICAL RELEASE:** If I am injured and am unconscious, or my child is injured during the absence of parent or legal guardian, I give my permission for the person in charge to seek medical care.

In consideration of being allowed to participate in any way in the INDOOR GOALS program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and would include exposure to any infectious diseases (such as Covid -19 or any variant thereof).
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation bring such to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE INDOOR GOALS, its officers, officials, agents and and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event. ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS all the above Releases from all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian Signature (for players, 17 yrs old and under): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature (for players, 18 yrs old and over): \_\_\_\_\_ Date: \_\_\_\_\_

**Circle the following: Player \$289/\$249 (2nd League \$219/\$189) Goalie \$129 (2nd League \$60) Manager\* \$289/\$249**

*\*Managers will be refunded \$62 if their team is paid in full by the early bird deadline*

*A \$30 late fee may be applied to any player who has not paid their balance in full by their 1<sup>st</sup> game. No refunds for missed games.*

League Fee: \$ \_\_\_\_\_ + Insurance: \$ \_\_\_\_\_ (**\$25 coverage 9/1-8/31**) = Total: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Visa/MC: Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**For Office Use:** Total Paid: \$ \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_