

**HAGERSTOWN YOUTH HOCKEY ASSOCIATION  
HAGERSTOWN ICE & SPORTS COMPLEX  
580 SECURITY ROAD  
HAGERSTOWN, MD 21740  
[www.hagerstownice.org](http://www.hagerstownice.org)  
[www.hagerstownhockey.com](http://www.hagerstownhockey.com)**

**Spring 2010 Pond Hockey Registration Form  
Sundays  
8AM-8:50AM  
Starts April 11th  
10 week session**

**\$69.00 or \$10.00 per drop in session**

*Please Print Clearly and Legibly*

Name of Player \_\_\_\_\_ Birth date \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Players email Address \_\_\_\_\_

Parents email Address (if different) \_\_\_\_\_

**HISC & HYHA respect your privacy. Your information & email address will not be shared or sold. It is used only for communication regarding program information such as cancellations, postponements and future programs scheduled at the rink.**

<p>In consideration of being allowed to participate in any way in Hagerstown Ice &amp; Sports Complex (HISC) and Hagerstown Youth Hockey Association (HYHA) sports programs and related events and activities, the undersigned:</p> <ol style="list-style-type: none"> <li>1. Agrees that prior to participating, he/she will inspect the facilities and equipment to be used and if he/she believes anything is unsafe, he/she will immediately advise their coach or supervisor of such condition(s) and refuse to participate.</li> <li>2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.</li> <li>3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.</li> <li>4. Releases, waives, discharges and covenants not to sue Hagerstown Ice &amp; Sports Complex and Hagerstown Youth Hockey Association, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, volunteers, sponsoring agents, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.</li> <li>5. Gives the Hagerstown Ice &amp; Sports Complex (HISC) and the Hagerstown Youth Hockey Association (HYHA), the absolute right and permission to use my image or my son's/daughter's image(s) in its promotional material (publication, print ad, direct-mail piece, electronic media and Internet sites) for the purpose of promoting any and all programs associated with the rink. I release HISC &amp; HYHA, the photographer, the ice rink user groups, employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right(s) I may have in connection with such use.</li> </ol> <p>I have read the above Waiver &amp; Release, understanding that I give up substantial rights by signing it, and sign it voluntarily.</p>
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Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The objective of this program is to develop a "fun based" introduction to the hockey program that exposes newcomers to the game of ice hockey for a low cost and a low level of commitment. As players experience the joy of playing ice hockey and develop a "Love of the Game" they will also be learning the fundamentals of the sport. This environment is less structured than the "Learn to Play Hockey" program.**

HISC / HYHA USE

PAYMENT RECEIVED AT REGISTRATION

Date Received: \_\_\_\_\_ Payment Form:     CASH                     CHECK                     CHARGE

Payment Amount: \_\_\_\_\_ POS Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_