



497 East Pike Rd, Indiana, PA 15701

Youth In-House League Registration Form

Player Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Emergency Contact _____

Emergency Phone Number _____

Date of Birth _____ Age* _____ Male Female

A level – travel experience

B level – in-house experience

C level – completed Learn to Play

If you wish to be placed on a team with another player(s) please list their name below. Our best effort will be made to place you on the same team, however we can not guarantee this placement. I want to be paired with the following players:

1. _____ 2. _____
3. _____ 4. _____

RELEASE

In consideration of White Township permitting my child's participation in ice hockey, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which my child may have, or which may subsequently accrue to my child, as a result of my child's participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my child's participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.

This program is not USA Hockey sanctioned.

(must be signed) RELEASOR

For Office Use Only:

Date Received: _____ Fee Paid _____ Cash _____ Check _____ Signature _____