

# 2010 Tuesday Night Coed Adult Fall Hockey League Registration Form

The Tuesday Night Coed Adult Fall Hockey League is designed for both women and men that are seeking fun, non-contact, recreational hockey. No slap shots allowed. This sixteen-week league will consist of no more than fifteen skaters and two goalies per team playing once per week for 75-90 minutes. We're expanding to 4 teams this session. On one rink, Coaches Steve Olson and Steve Preischel will spend the first 30-45 minutes running hockey and skating drills while the remaining time will be spent scrimmaging. On the other rink, two teams will play each other for a full 75 minutes with a referee. Both sessions will run concurrently on Tuesday nights starting around 7:30pm (give or take 15-30 minutes). Players should bring a Dark and a White jersey each week (no jerseys provided.) The fall session will run from Tuesday, August 17<sup>th</sup> to Tuesday, November 30<sup>th</sup>.

Current USA Hockey Player Registration is REQUIRED for this league! See [www.usahockeyregistration.com](http://www.usahockeyregistration.com) to register for USA Hockey or request an additional confirmation number. **NOTE:** USA Hockey renewals are required in the fall.

League fee for players is \$250/each for 16 weeks. Goalies skate for free. Since we are expanding to 4 teams this fall, we are requiring a \$50 deposit from all players wishing to register for the fall session in order to ensure that we have the numbers to make the expansion work. The \$50 deposit is due upon registration to hold your spot and will be applied to your fall session league fees. The entire fee is due before Aug. 17.

**Please complete all appropriate sections, sign, and mail this form along with your \$50 deposit to Jessica Huber** at 3901 Potters Hollow Dr., Lafayette, IN 47905. You can also bring your check and form to Jessica at Tuesday night hockey.

**About You:** Playing experience/level: \_\_\_\_\_

**Select one:**

\_\_\_ I am interested in doing ½ drill/½ game each week

\_\_\_ I want to rotate through ½ drill/½ game and all game

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Day) \_\_\_\_\_ Telephone (Eve) \_\_\_\_\_

Email Address \_\_\_\_\_

Birth date \_\_\_\_\_ USA HOCKEY CONFIRMATION #(required): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Payment Information:** Player (\$250) \_\_\_\_\_ Goalie (FREE) \_\_\_\_\_

Option 1: Check enclosed (make it out to **IWHF**): Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Option 2: Mail in Credit Card Authorization (*Visa/MC/Discover*)

Amount to be charged to this card: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

3-Digit Security Code (on back panel): \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

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

INDIANA/WORLD SKATING ACADEMY, INC.  
WAIVER RELEASE OF LIABILITY, AND CONSENT  
TO MEDICAL ATTENTION

In exchange for my being allowed to participate in 2010 Fall Tuesday Night Coed Adult Fall Hockey League ("Activity"), I agree to be bound to each of the following:

1. Obligation to Inspect Facilities and Equipment I agree to prior to participating in the Activity, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise my coach or supervisor and the Indiana/World Skating Academy, Inc. ("Academy"), of such unsafe conditions(s) and refuse to participate in the Activity.
  
2. Identification of Risks I understand that participation in the Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the Activity, or the condition of the premises or of any equipment used.
  
3. Assumption of Risk I assume all risks, known and unknown, in any way connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity.
  
4. Waiver and Release I waive, release, and hold harmless the Academy, KRG/CP Pan Am Plaza, LLC (the owner of the premises), KRG Management, LLC (the manager of the premises), Circle City Sirens, Indiana Women's Hockey Federation (IWHF), the YMCA of Greater Indianapolis, and each of their affiliated clubs and organizations, directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage.
  
5. Consent to Medical Treatment I agree that the Academy may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Academy to provide such assistance, transportation, or services.
  
6. Photo Release: I hereby give permission to Indiana/World Skating Academy to use photographs of me for promoting, publicizing, and advertising Indiana/World Skating Academy and its programs. I release Indiana/World Skating Academy from all claims for financial compensation now and in the future.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

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-----Printed Name-----Signature-----Date