



# 2010 Pan Am Adult Summer Hockey League Registration Form



The Pan Am Adult Summer Hockey League is designed for players that are seeking non-contact recreational hockey. This thirteen-week league will consist of four mixed-level teams playing once per week. Games are scheduled on Wednesday evenings on the American Rink at 6:45pm and 8:15pm. The first week will consist of Open Evaluation Sessions on May 26th from 6:45-8:00p and 8:15-9:30p (no refs) to rate players and determine teams (team captains will participate in a draft). League will consist of the evaluation week (May 26<sup>th</sup>) plus 9 weeks of Round Robin games from June 2nd through July 28<sup>th</sup> in addition to two weeks of Playoffs on August 4<sup>th</sup> and August 11<sup>th</sup>. A single championship game will be held on Wed, August 18<sup>th</sup>. Register BEFORE May 26th and receive a \$10 Early Bird Discount! All registrations/payments received on or after May 26th must pay regular price. Current USA Hockey Player Registration is REQUIRED for this league! The new USAH season runs from May 1<sup>st</sup>-April 30<sup>th</sup> so everyone will need to renew their membership for this league. See [www.usahockeyregistration.com](http://www.usahockeyregistration.com) to register or request an additional confirmation number. Commissioner: Courtney Spurgeon

\_\_\_\_\_ Player Cost: \$230 \_\_\_\_\_ Goalie Cost: \$165 (*Early Bird Discount: \$10 Off if paid BEFORE May 19<sup>th</sup>*)

**There is no online registration for the league this year.**

**Please complete all appropriate sections, sign, and send this form via U.S. Mail to I/WASA 201 S. Capitol Ave Ste #001 Indianapolis, IN 46225 or Fax to (317) 237.5564**

## **About You**

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

Address \_\_\_\_\_

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

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

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

Birth date \_\_\_\_\_ Current Hockey Team/Association \_\_\_\_\_

Highest Level Played \_\_\_\_\_ Please rate yourself: A B C D

**USA HOCKEY CONFIRMATION #(required for leagues):** \_\_\_\_\_

## **Payment Information**

Check enclosed: Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Authorization Amount to be charged to this card: \$ \_\_\_\_\_

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

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

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

Billing Address \_\_\_\_\_

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

**Please send registration along with check or credit card information to:**

**Summer League, Indiana/World Skating Academy 201 S. Capitol Ave Ste #001 Indianapolis, IN 46225 Phone: (317) 237.5565 Fax: (317) 237.5564 Email: [cspurgeon13@comcast.net](mailto:cspurgeon13@comcast.net)**

I/WASA Policies \$20 Cancellation fee for all programs cancelled by participant. Minimum and maximum enrollment requirements are applied to all I/WASA summer hockey programs. I/WASA reserves the right to cancel or modify any programs whose enrollment does not meet minimum requirements. If a program is cancelled by I/WASA, participant will receive a full refund for that program.

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

In exchange for my being allowed to participate in Adult Summer Hockey League ("Activity"), I am, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) 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), 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 and/or my minor child(ren) 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.

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

If the person participating in the activity is not yet 18 years old, a parent or legal guardian must sign below (in addition to the child's signature above).

As parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of the Waiver, Release, and Consent.

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