



ARCADIA ICE ARENA ADULT HOCKEY REGISTRATION FORM



Today's date:					
PLAYER INFORMATION					
Full Name:				League (circle one) Tier II Tier III 35+	
Do you have USA Hockey Registration that is current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, you need to show proof prior to the first game. If No, go to www.usahockeyregistration.com to register, and provide a copy of your confirmation prior to the first game.		Birth date:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home Phone Number:		Cell/Work Phone Number:
City:		State:	ZIP Code:	Email:	
Team:		Jersey Number:			
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):			Relationship to player:		Phone Number:

In consideration of being allowed to participate in any way for Arcadia Ice Arena L.L.C. and its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, (2) 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 stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and (4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Arcadia Ice Arena L.L.C., the Professional Skaters Association, their officer, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

X _____
**Participant Signature or
 Parent/Guardian Signature if Participant is under 18** **Date Signed**

(PLEASE COMPLETE THE FORM ABOVE THIS LINE)

(OFFICE USE ONLY)

PAYMENT INFORMATION		
1 st Payment: \$	Date:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge
2 nd Payment: \$	Date:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge
Credit Card Information:		
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Card Number:	Exp:
Signature:		