



## 2022-2023 PLAYER INFORMATION

Please Print Neatly

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade(as of Sept 2022): \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Home/Cell Text Y or N

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Home/Cell Text Y or N

Father's Email: \_\_\_\_\_

Other Emails you would like to receive correspondence: \_\_\_\_\_

NEW PLAYERS ONLY: Please list Hockey Experience:  
(Brief description of years played, teams, camps, clinics, etc.) \_\_\_\_\_

Other sports and/or club activities participating in during the inline season (Sept/Mar): \_\_\_\_\_

## UNIFORMS

Please Complete

### \*\*T-SHIRT SIZE\*\*

Youth: S M L XL ADULT: S M L XL XXL

RETURNING PLAYER # \_\_\_\_\_

Circle One

Are you keeping this number this season? \_\_\_\_\_ Y or N

DO YOU NEED JERSEYS? \_\_\_\_\_ Y or N

BLUE \_\_\_\_\_ Y or N Size \_\_\_\_\_

WHITE \_\_\_\_\_ Y or N Size \_\_\_\_\_

DO YOU NEED PANTS? \_\_\_\_\_ Y or N

Size \_\_\_\_\_

NEW PLAYERS please pick 3 jersey numbers (first available number will be given to you)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**By signing below, you acknowledge all information provided to be true and accurate. You also acknowledge the commitment fee made to Hampton Inline Hockey will be applied to your season fee and is considered to be non-refundable. You acknowledge you have read and are familiar with all rules and code of conducts put forth by HIH, HTSD, PIRHL, and AAU.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player

\_\_\_\_\_  
Date



## CONSENT TO TREAT

This is to certify that on this date, I \_\_\_\_\_ as a parent or guardian of \_\_\_\_\_ (Participant), give my consent to Hampton Inline Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in Hampton Inline sanctioned events.

**Healthcare Provider:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**ID/Group #:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Hospital of Choice:** \_\_\_\_\_

### **Allergies or Special Conditions**

(Please include any health issues and/or concussions along with any medication currently taking)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last Tetanus Booster:** \_\_\_\_\_

**Any Physicians ordered restrictions:** Y or N (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Relationship to Participant:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Emergency Contact** (different than above) **Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Relationship to Participant:** \_\_\_\_\_



Waiver of Liability, Release  
Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive, and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any of releases. "Releases" include Hampton Inline Hockey, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with Hampton Inline Hockey (referred to as HIH) and being allowed to participate in HIH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in HIH events, member activities, the sport of inline hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardians, if applicable) acknowledge, understand and assume all risks relating to inline hockey and any member team activities, and understand that inline hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releases" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in inline hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of HIH.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of inline hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of inline hockey and understand these waivers and releases are necessary to allow amateur inline hockey to exist in its present form.

\_\_\_\_\_  
Participant Signature

Age \_\_\_\_\_

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Parent or Guardian Signature

Date Signed \_\_\_\_\_