

2021/22 Panther Hockey Program Player Registration Form ~ GIRLS

Updated 2021/2022 proof of USA Hockey insurance is required before registration will be accepted.
Register on-line at www.membership.usahockey.com

CHECK HERE if registering as a GOALIE ID=Must have a Resident Pass to obtain In District rates OD=Out of District
PRE-SEASON CLINIC: The Girls pre-season clinic are included in the league registration fee. See registration flyer for dates.

Girls 10U (Born 2011 to 2013)
Skater Fee: ID/\$1600 OD/\$1880
Goalie Fee: ID/\$800 OD/\$940

Girls 12U (Born 2009 or 2010)
Skater Fee: ID/\$1600 OD/\$1880
Goalie Fee: ID/\$800 OD/\$940

Girls 14U (Born 2007 or 2008)
Skater Fee: ID/\$1600 OD/\$1880
Goalie Fee: ID/\$800 OD/\$940

Girls 16U (Born 2005 or 2006)
Skater Fee: ID/\$1600 OD/\$1880
Goalie Fee: ID/\$800 OD/\$940

Girls 19U (Born 2002 to 2004)
Skater Fee: ID/\$1600 OD/\$1880
Goalie Fee: ID/\$800 OD/\$940

Phone Number: (____) _____ Player's Name: _____

Address: _____ City: _____ Zip: _____

2021-22 USA Hockey # _____ Date of Birth: ____/____/____

Jersey Size (Circle One)

YOUTH: Small/Medium Large/X-Large

ADULT: Small Medium Large X-Large

Email Address: _____

All NEW players must provide a copy of their Birth Certificate.

PLEASE BE ADVISED: *Once registered, \$250 will be charged to all participants who cancel out of the program after August 8, 2021. The only exception is for medical injury. Physician's note required.*

Did this player participate on a Panther Hockey team for the Fall/Winter 20/21 Season? Yes _____ No _____

If no, where did you play and at what level? _____

Parent/Guardian: _____ Emergency Name/Phone: _____

Special Medical Requirement: _____

Payment Process/Waiver & Release

I am enclosing full payment.

*I would like to pay a 20% deposit with four additional payments automatically charged to my credit card on the 15th of September, October, November & December

*You must provide a valid credit card number with an expiration date after December 15, 2021 if making payments. If you do not have a credit card, you must submit full payment with your registration.

Amount Being Paid w/Registration: by Cash \$ _____ Check # _____ V MC DISC AMEX

Credit Card #: _____ Exp Date (Dated after 12/15/21): _____ CVV: _____

Signature of Card Holder: _____ Date: _____

PAYMENT PLAN AGREEMENT: I understand and agree to the following. If I fail to meet my payment requirements as outlined above, I have authorized the Park District of Franklin Park to apply the payment to the credit card listed above. Should the charge to my card be declined and an outstanding balance remains I understand that my child will not be permitted to participate in any future practices or games until the balance is paid in full and a late fee of \$25 will be assessed.

WAIVER & RELEASE: I agree to the above and have also read and fully understand the important information on the back of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent / Guardian Signature: _____ Date: _____

PARK DISTRICT OF FRANKLIN PARK HOCKEY PROGRAM WAIVER & RELEASE IMPORTANT INFORMATION

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Park District of Franklin Park to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.