

# Player Registration Form-Original Six-Summer 2024



**Player Fee: \$245 until 5/17/24  
\$270 after 5/17/24**

**Goalie: Free**

Read details carefully:

- 1) **Please print.** Payment in full with check, cash, Visa, Mastercard, Amex or Discover. Please make checks payable to the Franklin Park Ice Arena.
- 2) **Valid 23-24 or 24-25 or USA Hockey Insurance # must be provided for registration to be processed.**
- 3) No refunds will be issued once the league begins.
- 4) **This is a Novice/low C level league!! Players too advanced for the spirit of the league may be removed. Please read Player's Notice on Original 6 page of our website fpice.com**

Full Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City, Zip \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ DOB(mm/dd/yy) \_\_\_\_\_ Position \_\_\_\_\_

**Current 23-24 or 24-25 Season USA Hockey Number** \_\_\_\_\_

Jersey Size (**New Players Only**): Adult Large or Adult XL Larger than XL needed? \_\_\_\_\_

Hockey Level? (Ex: House/Travel/AAA/College) \_\_\_\_\_ Years of Hockey Experience? \_\_\_\_\_

Please honestly rank your playing ability 1, 2, 3 or 4 (1 being the weakest): \_\_\_\_\_

If you have a specific team that you would like to play on or **ONE** specific friend you would like on your team, please indicate below. **The League cannot guarantee any requests.**

Team Request: \_\_\_\_\_ Buddy Request: \_\_\_\_\_

Check <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc <input type="checkbox"/> Card # _____ ExpirationDate _____ CVV _____ Total Payment _____ Signature _____	Payment in full required at time of registration. USA Hockey Insurance required before registration will be processed. Please make checks payable to the <b>Park District of Franklin Park Ice Arena</b>
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## Park District of Franklin Park Waiver & Release Of All Claims

Please read the information on the **reverse side of this form** carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

**I have read and fully understand the important information located on the reverse side 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

**Franklin Park Ice Arena\*9711 W. Waveland Ave.\*Franklin Park, IL 60131**  
847-671-4268/fax 847-671-4755\*[www.fpice.com](http://www.fpice.com)

**PARK DISTRICT OF FRANKLIN PARK**  
**HOCKEY 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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**