

# 2020 Five Hole Hockey Registration Form

## Consent for Medical Treatment

I, \_\_\_\_\_ give my permission for me/my child to receive an emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me/my child. I agree to allow Five Hole Hockey, L.L.C. to sign for any necessary medical treatment for me/my child. I agree to indemnify and hold harmless all Releasees and Five Hole Hockey, L.L.C. for any costs incurred to treat me/my child, even if Five Hole Hockey, L.L.C. and/or a Releasee has signed hospital documentation promising to pay for treatment and agree to pay for all incurred costs of the medical treatment and transportation. I agree to release any necessary hospitals records to my/my child's insurance company.

I agree to follow all instructions, rules, and procedures in order to maintain a maximum level of safety at all times. YES NO

I have read and agree to follow all of Five Hole Hockey, L.L.C.'s Policies at <http://www.fiveholehockey.net/html/policies.html> and I understand that absent any specific policies relating to an age group or program, Five Hole Hockey will strive to follow USA Hockey regulations. YES NO

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Position: D F G Shoot/Catch: RIGHT LEFT Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Team: \_\_\_\_\_ Current Team's League: \_\_\_\_\_ Age Level: \_\_\_\_\_ Level of Play: B A AA AAA

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact in the event of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_ Parent/Legal Guardian Alternate Email: \_\_\_\_\_

Do you have any conditions that will prevent you/child from participating safely in this event? YES NO If yes, please explain: \_\_\_\_\_

Do you/child have any medical conditions that we should be aware of such as asthma, diabetes, seizures, and/or etc.? YES NO If yes, please list

Condition/s: \_\_\_\_\_

Have you/child had any concussions? YES NO If yes, how many? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you/child ever been diagnosed with COVID-19 or are currently awaiting the results of a COVID-19 test? YES NO If yes, Date of Test/Diagnosis \_\_\_\_\_

Have you/child been cleared by a doctor to play ice hockey games? YES NO Date cleared: \_\_\_\_\_

Do you/child currently have medical insurance? YES NO

## Five Hole Hockey, L.L.C. Waiver and Release From Liability

In consideration of being allowed to participate in any athletic/sports events sponsored by **Five Hole Hockey, L.L.C.**, and any related events and activities, and intending to be legally bound, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge covenant not to sue **Five Hole Hockey, L.L.C.**, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her errors and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by negligence of the releasee or otherwise.
5. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease. 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.

THE UNDERSIGNED AGREES AND UNDERSTANDS, EITHER ON BEHALF OF HIMSELF OR HERSELF IF THE UNDERSIGNED IS 18 YEARS OR OLDER, OR ON BEHALF OF HIS OR HER WARD (CHILD) IF ONE OF THE UNDERSIGNEDS IS A MINOR UNDER THE AGE OF 18 YEARS, THAT ANY AND ALL FEES, MONIES, ADMISSIONS OR OTHER PAYMENTS TENDERED TO **FIVE HOLE HOCKEY, L.L.C.** IN CONNECTION WITH THE PARTICIPATION OF THE UNDERSIGNED OR THE UNDERSIGNED'S WARD AS THE CASE MAY BE, ARE NOT REFUNDABLE BY **FIVE HOLE HOCKEY, L.L.C.** UNDER ANY CIRCUMSTANCES. WE/I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

X

DATE PARTICIPANT SIGNATURE MINOR PARTICIPANT'S PARENT OR GUARDIAN SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

