



# Spring 2010 Registration Form

Evanston Youth Hockey Association

Participant: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Street Address where participant lives

\_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit Security Code \_\_\_\_\_

Billing name & address as it appears on your card. **Monthly payments can be made via credit card arrangement. See EYHA Treasurer.**

Amount \_\_\_\_\_ Signature \_\_\_\_\_

## Father/Guardian1

\_\_\_\_\_  
(Full Name)

Home Tel: \_\_\_\_\_

Alt Tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

## Mother/Guardian2

\_\_\_\_\_  
(Full Name)

Home Tel: \_\_\_\_\_

Alt Tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the above program/programs.

### WAIVER OF LIABILITY, RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated with such program(s).

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against Evanston Youth Hockey Association ("EYHA"), any rink where this activity takes place and any of the officers, agents, members, servants and/or employee of the mentioned entities.

I do hereby full release and discharge EYHA, any rink where this activity takes place and any of the officers, agents, members, servants and/or employee of the mentioned entities from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend EYHA, any rink where this activity takes place and any of the officers, agents, members, servants and/or employee of the mentioned entities from any and all civil claims resulting from injuries, damage or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize EYHA officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered and will indemnify and hold harmless and defend EYHA from any claim of payment for medical services for myself or my minor child/ward.

I have read and fully understand the above Program Details, Waiver of Liability and Release of All Claims and Permission to Secure Treatment.

I understand no player will be allowed to participate until payment arrangements have been made and previous balances paid in full.

\_\_\_\_\_  
Print name of Participant

\_\_\_\_\_  
Signature of Adult Participant or Parent/Guardian

\_\_\_\_\_  
Date: