

Herb Brooks Training Center Registration Form



Player Information: 2008 - 2009

Team Affiliation:	2008-2009 Level:	Birth date(MM/DD/YYYY): / /
Name		
First:	MI:	Last:
Address:		
City:	State:	Zip:
Parents Name:		
Phone Contact with Area Code		
Home:	Work:	Cell:
Email:		

Medical Information (please print name of player)

In case of emergency, I hereby authorize emergency treatment and/or care of

Medical Insurance: _____ Policy Number: _____

If there is an emergency and I cannot be reached, please contact the following person, who is authorized to act on my behalf

Name: _____ Phone Number: _____

- Fully accepts the rules of FHIT, Herb Brook's Training Center and their subsidiaries.
- Acknowledge that the fee is for services provided by FHIT Players and full payment is due. If full payment is not received at this time, your credit card that you made your initial deposit on will be charged for the final balance on the listed schedule or on the deadline date of the program. The commitment is for the full program and No Refunds are granted regardless of the circumstances.
- Acknowledge that each participant is voluntarily engaging in activities that involve risk which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the premises conditions or any of the equipment used, and that further, there may be a risk not known to the FHIT and HBTC organizers or not foreseeable at this time.
- Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.
- Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in case of an injury and to be knowledgeable of where to contact assistance in the case of an emergency.
- Intending to be legally bound, thereby, does hereby release, waive, unconditionally discharge and consent not to sue Showcase Enterprises, Inc., FHIT Players, HBTC, organizers, administrators, officers, directors, agents, coaches, and other employees, contractors or volunteers of the organization and corporation, for any and all liability to each of the above signed, his or her heirs and next of kin for any claim, demands, losses or damages on account or injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligent to the release or otherwise in connection with association or entry in and /or arising in participation in any or all of the FHIT official or unofficial activities, events or competitions.
- Hereby consent to accept responsibility for final decisions regarding continued participation if suffering from injuries. In addition, the undersigned certifies that the player is covered by a primary health insurance plan during participation in the program and accepts the potential costs for treatment that may or may not be covered by the stated insurance plan. Insurance claims must be submitted through your personal coverage and the FHIT player's insurance policy is a secondary liability policy.

Signature of Parent/Guardian: _____ Date: _____

Important Information

Players must turn in a completed Registration Form (with parents signature) prior to their first training session. Registration forms can be mailed to address below or brought in by the first day of training. The Training Center will communicate with you via e-mail regarding updates and future programs.

Players should arrive 10 minutes ahead of session, prepared to work, learn, improve, and have fun! Players should wear shorts or sweatpants, clean tennis shoes and bring hockey stick, hockey gloves and helmet.