

REDWINGS HOCKEY ORGANIZATION – Spring 2012

Player's Name: _____ Date of Birth: _____

Fall Organization/Team : _____

Jersey Size: _____ Fall Jersey Number: _____

(spring numbers are not guaranteed, number is given as a preference)

Address: _____

Phone#: _____

Mother's Cell#: _____ Father's Cell#: _____

Primary E-mail Address: _____

Secondary E-mail Address: _____

Fee: \$595 (Goalie Fee: \$435) Date Paid: _____ (verified _____)

Payment Method: Check# _____

MC/VISA: _____ Exp: _____

Name on Card: _____

RELEASE AND HOLD HARMLESS AGREEMENT: Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the above program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the above program 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 or all activities connected or associated with such program/programs. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Redwings Hockey Organization, Advanced Power Hockey LLC, the Barrington Ice Arena LLC and any of the officers, agents, member, servants and/or employees of the mentioned entities. I further agree to indemnify and hold harmless and defend the Redwings Hockey Organization, Advanced Power Hockey LLC, the Barrington Ice Arena LLC and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all civil claims resulting from injuries damages 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 officials of the mentioned entities 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 all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment for the above named participant.

Signature of Parent/Guardian: _____ **Date** _____

RHO P.O. Box 393 Barrington, IL 60011-0393