Team Northwest AAA Hockey

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REGISTRATION, MEDICAL AND PAYMENT

(Please print and complete all Information)

REGISTRATION

PLAYER NAME:	POS	POSITION:				
PARENTS:	ADDRE	ADDRESS:				
CITY:	STATE:	ZIP CODE:_				
PHONE:	BIRTH DATE	:: MO DAY_	YEAR			
EMAIL ADDRESS:						
<u>***</u> H	EALTH/MEDICA	<u>L INFORMATIO</u>	<u>)N***</u>			
MEDICAL INSURANCE	CO					
POLICY #						
FAMILY PHYSICIAN		TELEPHONE #_				
ALLERGIES						
IN CASE OF EMERGEN	CIES, CONTACT:					
TELEPHONE:	ADDRESS:					
CITY	STATE	ZIP CODE				

Appointment of Agent & Consent for Medical Care

I hereby appoint Team	Northwest, their of	fficials, and/or,	
		, of 1	awful age, as my
(Name of appointee who is			.
agent and representative	e for the purpose o	of authorizing and consenting	g to hospital care
and/or medical treatmer	nt of(Name	of child)	any illness or injury
		e care or custody of the agen	
of 06/02/2014 and 06/0	08/2014, while I a	m away on vacation or, othe	erwise not
immediately available to	o give such conser	nt.	
ALLERGIES:		LAST TETANUS TO	KOID:
FAMILY PHYSICIAN		TELEPHONE _	
Dated this	day of	in the year	
	(Parent of Gud	ardian) (Print Name)	
	(Parent of Gu	uardian) (Signature)	
Wi	tnessed by:		

This form must be completed as a precautionary measure even though you intend to accompany your child to practice sessions, games, etc.

PLEASE RETURN WITH YOUR REGISTRATION/WAIVER FORM

Team Northwest AAA Hockey *** Release of Liability and Assumption of Risk Agreement ***

In consideration of being allowed to participate in any way with Team Northwest, Northern Exposure AAA Hockey Tournament, related events and activities, **I acknowledge, appreciate and agree that:**

- 1) The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown which may be incurred by any player or person while participating with Team Northwest, or traveling to or from scheduled practices, games, or involvement with Team Northwest, Northern Exposure AAA Hockey tournament, and assume full responsibility for my child's participation, even if arising from the negligence of the releases, and
- 3) I and my child willingly agree to comply with the stated and customary terms and conditions for participation. If however I/we observer any unusual significant hazard during our presences or participation, I/we will remove ourself from participation and bring such to the attention o the nearest local official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Team Northwest, Northern Exposure AAA Hockey Tournament, their officers, officials, agents and/or employees, other participants, and owners and lessors of the premises used to conduct the events, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

This is to certify that I, as Parent or Guardian with legal responsibility for the above participant, and the participant, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTAINTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUTARILY WITHOUT INDUCEMENT.

I do consent and agree to his release as provided above of all the Releasees, and, for myself, my heirs, assigns, personal representatives and/or next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

PLAYER/PARTICIPANT SIGNATURE	DATE	
PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN SIGNATURE	DATE

Travel Permit

I ,	parent	of	, player, hereby
allow officials of T	Team Northwest a	and/or	, of
lawful age to trans	port the above na	amed player to and fron	n Team Northwest
practices, games an	nd tournaments b	ooth within the continen	tal United States,
and Canada.			
Dated this	day of	in the year	
(Parent or Gua	rdian)	(Parent or Guardia	<i>n</i>)
Witnessed by:			
,, idiobbod 0 j			

Given our tournament play includes AAA Hockey Tournament and the possibility of other exhibition games, it is imperative to have this form signed by both parents and returned with the registration packet.