

# Team Northwest AAA Hockey

Todd Collins

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## REGISTRATION, MEDICAL AND PAYMENT

(Please print and complete all Information)

### \*\*\*REGISTRATION\*\*\*

PLAYER NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

PARENTS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTH DATE: MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### \*\*\*HEALTH/MEDICAL INFORMATION\*\*\*

MEDICAL INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

IN CASE OF EMERGENCIES, CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

# Appointment of Agent & Consent for Medical Care

I hereby appoint Team Northwest, their officials, and/or, \_\_\_\_\_

\_\_\_\_\_, of lawful age, as my  
(Name of appointee who is accompanying child)

agent and representative for the purpose of authorizing and consenting to hospital care

and/or medical treatment of \_\_\_\_\_ for any illness or injury  
(Name of child)

that may occur while such person is in the care or custody of the agent between the dates

of 07/14/14 and 07/20/2014 , while I am away on vacation or, otherwise not

immediately available to give such consent.

ALLERGIES: \_\_\_\_\_ LAST TETANUS TOXOID: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
(Parent of Guardian) (Print Name)

\_\_\_\_\_  
(Parent of Guardian) (Signature)

Witnessed 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 observe any unusual significant hazard during our presences or participation, I/we will remove ourselves from participation and bring such to the attention of 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 SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY 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