

SKAGIT SPARTANS HOCKEY CLUB
 HOCKEY PLAYER REGISTRATION
WWW.SKAGITSKATE.COM/SSHC



TEENAGE HOCKEY

SEASON

NAME

Player Information		This page must be completed for each season			
Player Name	First	M.I.	Last		
D.O.B / Age / Gender	____ / ____ / ____	Age		Gender	
Player Height	' "	Player Weight			
Jersey Size	Youth	SM	MED	LG	XL
	Adult	SM	MED	LG	XL
Jersey Number	Please write players (3) favorite jersey numbers (Numbers between 1-99 only)				
	1st	2nd	3rd		
Street Address					
	City				Zip Code
Father / Guardian 1					
Name					
Cell Phone			Email <small>print clearly</small>		
Mother / Guardian 2					
Name					
Cell Phone			Email <small>print clearly</small>		
Skagit Spartans Hockey Club: Risk/Danger Acknowledgment & Consent and Waiver Agreement					
<p>As the parent/guardian of (player listed on this form) fully acknowledge that I/we have been informed of the risks and dangers associated with my child's participation in roller hockey activities and I/we hereby acknowledge that I/we fully understand the risks and dangers my child may be exposed to while participating in roller hockey. I/we further give my/our full consent and approval to my/our child to participate on a team in the SSHC. I/we do hereby waive, release, absolve, indemnity and agree to hold harmless the local team, league, conference and national (if any) roller hockey organizations along with the organizers, sponsors, coaches and other elected or appointed officers and supervisors, participants, employees and persons transporting my/our child to or from any activities, from and against any kind and all claims, costs, liabilities, expenses of judgment including attorney's fees and court costs arising out of my child's participation in SSHC activities, or illness or injury resulting there from, for any claim arising out of injury to my/our child. Whether the result of negligence or any other causes except for illness or injury resulting from gross negligence or willful misconduct by any of the above.</p>					
_____			_____		
Date			Signature(s) (Parent/Guardian)		
Release for Media Use					
<p>I/we give permission for my child's image to be used in print, video, and digital media. I agree that SSHC may use these images for a variety of purposes including photos on the website, internet, social media or posted on the rink bulletin board, brochures, banners, video ads and posters. I do understand that the child's name will not be used in conjunction with any video or digital images.</p>					
_____			_____		
Date			Signature(s) (Parent/Guardian)		
Questionnaire / Comments / Requests					
Special Requests?	Circle any social media you use				
	Facebook	Instagram	Twitter	You Tube	
	LinkedIn	Pinterest	Google+	O: _____	
Things you enjoy about Skagit Spartans Hockey Club?	How often do you check your email?				
	<input type="radio"/> Less then once a week <input type="radio"/> At least once a week <input type="radio"/> Every Day				
	Internal Use Only (Leave Blank)				
Things you would change/improve?					
TEENAGE HOCKEY LEAGUE					NAME