

OPTIMIST SPRING ASSOCIATION
1300 WEST NORTH STREET JACKSON MICHIGAN 49202

20 ____

PLAYERS. REGISTRATION FORM

www.optimisticearena.com

LAST

FIRST

MI

Name _____

Address _____

City _____ State _____ Zip _____ E-mail ADDRESS _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ (Office Use Only) Birth Certificate Yes No

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I hereby make application for the above named player to participate in the hockey program of the Optimist Spring Association. It is agreed that I will pay the fee's accordance with the fee schedule published by the association. It is further agreed that if such fees are not paid per the fee payment schedule, then the player being registered can no longer participate in the program.

It is further agreed that the above named player will furnish his/her own mandatory hockey equipment as required by Optimist. Equipment that must be supplied by the players skating in the program is as follows; skates, stick, gloves, shoulder pads, athletic supporter and cup, certified helmet with full face protection, approved mouth protector, elbow pads, shin guards, hockey pants with supports, practice socks with supports and a practice jersey.

I understand as a parent or guardian, I am responsible for the equipment issued to a player by Optimist and I agree to pay for equipment issued to a player which is either damaged beyond normal wear and/or not returned to Optimist at the conclusion of the season.

With this application, I give consent for the above named player to engage in ice hockey, both games and practices under the supervision of persons appointed by Optimist. Further I will not hold Optimist responsible, it's officer's and directors, coach's or other personnel of the Jackson Optimist Ice Arena and/or it's representatives or personnel for any injuries in or as a result on any activities sponsored or directed by Optimist.

I understand that disciplinary action is governed by Optimist, MAHA, AHAUS, or USA Hockey and is the prerogative of their representatives. I realize that as a parent or guardian of a player, I am responsible for both our conduct and the on/off ice conduct of the named player in accordance with the rules of the governing bodies, and that of the Optimist Ice Arena. I further realize that a player may be suspended from the Optimist Ice Arena and/or Optimist hockey program for conduct detrimental to the Optimist hockey program.

RISK OF SERIOUS INJURY: I understand and appreciate that the risk of injury from hockey is significant including the potential for permanent paralysis or death. While particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN. Further, I have read, understand and agree to the Waiver of Liability, Release and Indemnity Agreement that I have read and signed and confirm that the absence of my signature on that form is due only to administrative facilitation of my child's registration. I hereby give consent for USA Hockey and its member teams to provide my participating child with emergency medical care as warranted and associated with participation on a member team during sanctioned events, and to provide housing, meals and transportation of its choice when associated with authorized team travel.

I, the Parent or Legal Guardian of the above named player have read and fully understand the guidelines outlined above.

Parent or Legal Guardian Signature: _____ Date _____

Parent or Legal Guardian Printed Name: _____

USA Confirmation number _____

Jersey size Youth ysm _____ ymed _____ ylg _____ yxlg _____

Adult sm _____ med _____ lg _____ xlg _____ xxlg _____