



2011-2012 TRYOUTS

Registration Form and Waiver

Registration must include the Talons Hockey Prospect Camp Waiver

Check One: 8U____ 10U____ 12U____ 14U____ 16U____ 18U____ Adult____

Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Home: (____)_____ Cell: (____)_____ Email:_____
Please Print Clearly

Emergency Contact: _____

Emergency Contact #: (____)_____ Relationship: _____

Insurance Co.: _____ Policy #: _____

CHECK PROGRAM FEES PAID:

- Prospect Camp \$25____ (Cash) (Check #_____)
Full Season Program (Development) \$275____ (Cash) (Check #_____)
Full Season Program (Competitive) \$350____ (Cash) (Check #_____)

MAKE CHECKS PAYABLE: CEIHF Talons Hockey

ATTACH COPY OF:

- Birth Certificate - Yes / No
2011-2012 AAU Membership Card - Yes / No

UNIFORM RECEIVED:

- Practice Jersey: _____ / Size: _____ / Date Rcvd: _____
Talons Home/Away Jersey: _____ / Size: _____ / Date Rcvd: _____
Talons Hockey Pants: _____ / Size: _____ / Date Rcvd: _____
Talons Gloves: _____ / Size: _____ / Date Rcvd: _____



WAIVER AND RELEASE OF LIABILITY

In order to be allowed to participate in any way in any of Colorado Elite Inline Hockey Federation program activities (i.e. Clinics, Camps, Leagues and Tryouts) or related events, you must agree to the terms and conditions below. The undersigned acknowledges, appreciates, and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation, including full responsibility for my conduct that may result in the physical damage of property associated with the Training including but not limited to vandalism, unauthorized use of equipment or property, or theft;
2. I acknowledge and fully understand that while I am a participant with Colorado Elite Inline Hockey Federation, I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which may result not only from my own actions, inactions or negligence but the actions or negligence of others, the rules of play, or conditions of the premises or of any equipment used. Further, I accept personal responsibility for any damages following such injury whether such injury results in permanent disability or death.

I knowingly and freely assume all such risks, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation;

3. I hereby consent to receive medical treatment from any medical personnel associated with the training which may be deemed necessary in the event of injury, accident or illness; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Colorado Elite Inline Hockey Federation or the owners and leasers of premises used to conduct the training, leagues, or more of them or their executors, administrators, heirs, next of kin, successors or assigns with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the Releasers or otherwise, to the fullest extent permitted by law.
5. I hereby permit the free use of my name, image or otherwise in any broadcasts, telecasts, internet and press as they pertain to the Club.

I 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 ANY INDUCEMENT.

Participant Signature

Date

To be completed if Participant is under the age of 18 at the time of registration.
This is to certify that I, as parent/guardian with legal responsibility for the above named participant, do consent to his/her participation with Colorado Elite Inline Hockey Federation and agree for myself, my heirs, assigns and next of kin to hold harmless the Releasers from any and all liabilities, incidents to my minor child's involvement or participation as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature

Date