JACKSON AREA HOCKEY ASSOCIATION

1300 WEST NORTH STREET JACKSON MICHIGAN 49202

20____

Player. REGISTRATION FORM

www.jacksongeneralshockey.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**

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PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I hereby make application for the above named player to participate in the hockey program of the Jackson Area Hockey Association (JAHA). 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 JAHA. 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 JAHA and I agree to pay for equipment issued to a player which is either damaged beyond normal wear and/or not returned to JAHA 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 JAHA. Further I will not hold JAHA 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 JAHA.

I understand that disciplinary action is governed by JAHA, MAHA, AHAUS, or USA Hockey and is the perogative 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 Arena and/or JAHA hockey program for conduct detrimental to the JAHA hockey program.

I understand that in the JAHA House and Travel Bantam and Midget divisions, a NON REFUNDABLE security deposit of $200.00 is due upon registration along with the registration fee,(Different for each division). If the player decides to quit or resign from JAHA for ANY REASON OTHER THAN A MEDICAL CONDITION ACCOMPANIED WITH A DOCTORS NOTE OR THE FAMILY IS TRANSFERING TO ANOTHER AREA, NO CREDITS OR REFUNDS WILL BE GRANTED.

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:_____