

# 2019 PANTHER SPRING HOCKEY PLAYER REGISTRATION FORM

**PLEASE BE ADVISED: Deposit of \$150 due at time of registration. Balance due March 6, 2019.  
NO REFUNDS after March 6, 2019!**

**{AAA} CSDHL or NIHL ELITE players are not allowed to play on a team in the Panther Hockey Program (does not apply to Girls Power Play).  
CREDITS GIVEN FOR ON ICE MEDICAL INJURIES ONLY.**

**ID=Must have a Resident Pass to obtain In District rates OD=Out of District**

**BODY CONTACT CLINIC PART 1 - REQUIRED DATE of 3/18 @ 7:40pm \* Fee: \$50**

**BODY CONTACT PART 2 (PICK ONE) -**  3/19 @ 8:00PM  3/20 @ 7:05PM

**Mites:**

6 - 8 yrs. (2011-2013\*) 2013's must be approved

Skater   
Skater Fee: ID/\$300 OD/\$335  
Goalie   
Goalie Fee: ID/\$225 OD/\$245

**Squirts:**

9 & 10 yrs. (2009-2010)  
Skater   
Skater Fee: ID \$330 OD/\$370  
Goalie   
Goalie Fee: ID/\$245 OD/\$265

**Peewees:**

11 & 12 yrs. (2007-2008)  
Skater   
Skater Fee: ID/\$350 OD/\$390  
Goalie   
Goalie Fee: ID/\$245 OD/\$265

**Bantams:**

13 & 14 yrs. (2005-2006)  
Skater   
Skater Fee: ID/\$350 OD/\$390  
Goalie   
Goalie Fee: ID/\$245 OD/\$265

**Midgets:**

15-18 yrs. (2001, 2002, 2003, 2004)  
Skater   
Skater Fee: ID/\$415 OD/\$455  
Goalie   
Goalie Fee: ID/\$295 OD/\$325

**Girls Power Play:**

U10-U19 (2000-2010)  
Skater   
Skater Fee: ID/\$300 OD/\$335  
Goalie   
Goalie Fee: ID/OD \$250

Phone Number: (\_\_\_\_) \_\_\_\_\_ Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ \*USA Hockey # \_\_\_\_\_

\*(not required for Spring Gold Mites)

Jersey Size (Circle One) YOUTH: Small/Medium Large/X-Large  
ADULT: Small Medium Large X-Large

*All NEW players must provide a copy of their Birth Certificate.*

Did this player participate on a Panther Hockey team for the Fall/Winter 18/19 Season? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where did you play and at what level? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency Name/Phone: \_\_\_\_\_

Special Medical Requirement: \_\_\_\_\_

The information above is accurate to the best of my knowledge. I have read and fully understand the important information, warning of risk, assumption of risk and waiver and release of all claims outlined on the back of this form. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature. **PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## *Payment Process*

I am enclosing full payment.  \*I would like to pay a deposit of \$150 with balance automatically withdrawn 3/6/19.  
 I understand that no refunds will be issued after March 6, 2019.

\*You must provide a valid Visa, Mastercard, Discover or Amex number with an expiration date after March 6, 2019 if you are paying a deposit. If you do not have a credit card, you must submit full payment with your registration.

Amount Being Paid w/Registration: by Cash  \$ \_\_\_\_\_ Check  # \_\_\_\_\_ V  MC  DISC  AMEX

Credit Card #: \_\_\_\_\_ Expiration Date (later than 3/06/19 only!): \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT PLAN AGREEMENT: I understand and agree to the following. If I fail to meet my payment requirements as outlined above, I have authorized the Park District of Franklin Park to apply the payment to the credit card listed above. Should the charge to my card be declined and an outstanding balance remains I understand that my child will not be permitted to participate in any future practices or games until the balance is paid in full and a late fee of \$25 will be assessed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARK DISTRICT OF FRANKLIN PARK  
HOCKEY PROGRAM WAIVER & RELEASE  
IMPORTANT INFORMATION**

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Park District of Franklin Park to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.