

# Viper Hockey



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ email: \_\_\_\_\_

List any medical problems player has: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

I, the parent/guardian of the above named player, a minor, agree that the player and I will abide by the rules and regulations of the Viper Hockey. I for myself and the player release and indemnify the Town of Big Piney Recreation Department, Viper Hockey and operators of the facilities used for the program and their respective directors, officers, employees, agents, coached and representatives from and against all claims, liabilities, damages or causes of action arising out of or in coordination with the player's participation in the program including without limitation to the transportation to/from any program which transportation is hereby authorized. I further grant the Viper Hockey the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the hockey program, provided such use is related to the player's status as a participant in the program.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb and well-being of my dependent.

Parent/Guardian Name: \_\_\_\_\_

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

Player Size Est. 4/6 7/8 9/10 11/12 13/14

Shoe size:

Cost is \$10 with a \$25 deposit for equipment and \$35 registered online @ [usahockeyregistration.com](http://usahockeyregistration.com)

Viper Hockey will be every Wednesday and Friday at 5:30-7:00 pm. Please pick up your kid promptly at 7:00 pm

Please dress your kids appropriately with all gear and bring a water bottle.