

# APPLICATION/REGISTRATION FORM

Send Application To: **Superior Ice Rink**, 270 Indian Head Road, Kings Park, New York 11754 • (631) 269-3900

**Must have current USA Hockey card with application.**

**NO REFUNDS OR MAKE UPS FOR ANY MISSED SESSIONS OR GAMES**

Please check one:

- 8 and under     
  8-10 Division     
  10-12 Division     
  13-15 Division

Print Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Print Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Age \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**EACH PLAYER MUST BE COVERED BY THEIR OWN MEDICAL INSURANCE AND SIGN USA HOCKEY INSURANCE FORM.**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

For Office Use Only	
Date	_____
Amt. Rec.	_____
CK	Cash _____
Credit Card	_____
USA Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mgr.	_____
Sig.	_____

## 2014/2015 Fall/Winter Superior Youth Hockey League

### Did You?

- 1. Check a division box above?    2. Sign waiver on back?    3. Enclose full payment?**

### AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Superior Ice Rinks athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Superior Ice Rink, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, ad, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.  
  
Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where Superior Ice Rink, Inc. is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Parent or Guardian (Signature/relationship) \_\_\_\_\_

Date \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_