



Southern Connecticut Storm Special Hockey

www.ctstormhockey.org

Athlete Registration Form 2018-2019 Season

DUE SEPTEMBER 1, 2018

1. Go to <https://www.americanspecialhockey.org/user/register> and register as a player.
2. Complete this Athlete Registration Form 2018-2019 Season and put *new ASHA Registration # below.
3. Send completed registration form and \$400 annual fee payable to **Southern CT Storm Special Hockey** to: Debbie McQuilkin, 757 Oenoke Ridge Road, New Canaan, CT 06840.
4. All fees must be paid in full by September 1, 2018.
5. Questions? Email: dmcquilkin@specialhockey.org.

Athlete Name: _____ M / F Today's Date: _____

Age: _____ Date of Birth: _____ Returning Player Jersey #: _____

*New 2018-2019 ASHA Reg.# **CTST** _____ (once you register with ASHA, wait for approval email, then log back on to your ASHA account and you will see your New 2018-2019 ASHA Registration Number)

Address/City/State/Zip: _____

Parent(s)/Guardian(s) Names: _____

Tel/Cell #1: (_____) _____ Tel/Cell #2: (_____) _____

Email 1: _____ Email 2: _____

(Team communication will be sent to emails above)

Please provide a short description of athlete's disability. This information is private and only used by the Storm Coaching Team to better teach and connect with each athlete.

Returning athletes, please tell us what positive changes have occurred as a result of Special Hockey.

Risk of Serious Injury: I, as parent or guardian understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my child participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, when registering for American Special Hockey Association, I have read, understand, and agree to the Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement. I therefore, Waive, Release and Hold Harmless, Southern CT Storm Special Hockey and all persons acting on its behalf including the directors, officers, coaches, managers, and volunteers from any and all liability from bodily injury or property damage resulting from participation in any activities of Southern CT Storm Special Hockey. I also understand that I am required to be in attendance at all practices, games, and any other event that my child is participating in with Southern CT Storm Special Hockey so that I as the parent or guardian have full responsibility to secure medical assistance and treatment in case of an emergency while

_____ is participating in Southern CT Storm Special Hockey activities. In any unforeseen circumstances, I, as parent or guardian of the athlete participant, or for myself as an adult participant, give my consent to Southern CT Storm Special Hockey and any approved medical representative to obtain medical care, for any injury that may arise from participation in Southern CT Storm Special Hockey events or other hockey events where Southern CT Storm Special Hockey, and other teams are allowed to participate. In registering my child, I grant Southern CT Storm Special Hockey the right to use photographs, videotapes, voice and words of my child for use in materials they create for public display and/or distribution, without compensation to either player or parent/guardian. I understand and agree to respect all these conditions of participation and in American Special Hockey Association sanctioned programs. I also understand that as a parent or guardian, that I am expected to participate in Southern CT Storm Special Hockey fundraising and volunteering activities.

Athlete's Signature (if 18 or over) _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____