

AHAI HIGH SCHOOL HOCKEY PARTICIPATION FORM

 $\label{lem:complete} \textbf{Download the form to your computer.} \ \ \textbf{Complete all fields-then print the form for signature.}$



			Seaso	on 20	- 20	
Player's Name			School	ol Name		
Street Address						
City	State	Zip				Zip
Phone			School	ol Phone		
Date of Birth						
Because of this, and his/her enrollment and the High School Hoc its agents and person	cknowledge that ice desiring that the abound participation, we askey League, and its I nel; USA Hockey and sustained by the abound	hockey, as well as ye named minor par gree that we shall i Divisions, their office of the Amateur Hockey ove named minor;	ticipates as a play indemnify and savers, directors, age tey Association II arising directly of	yer with the above I we the above High S ents and personnel; a llinois, Inc. harmless or indirectly out of	High School Hockey Clachool Club, the school each ice rink in which to from any and all liability or in connection with	injury to the participants. in the participants and coaches; the League participates, and the participants in the participants. In the participants in the participants in the participants. In the participants in the participants in the participants. In the participants in the participants in the participants in the participants in the participants. In the participants in the participant in the participants in the participant in the pa
Signature of Play	er				Date	
Signature of Pare	ent/Guardian				Date	
					AL TO PARTIC	
Doctor's Name						
Address						
					2	Zip
Phone	none Date Examined:					
I, the above doctor, ice hockey with the	, have given a physe above High School	ical examination of the control of t	to the above pland to participate	yer and I have fou in High School H	and him/her physicall ockey for the above s	y fit to practice and play specified season.
Doctor's Signat	ure				Date	
	above has my perment of injury, I here					., for the above specified injections, anesthesia or
Signature of Par	rent/Guardian				Date	
Name of Parent	/Guardian					
Address						
City				State	2	Zip
Home Phone				Cell Phone _		
Next of Kin						
Health Insuranc	e Plan:		_ Group #:		Policy #	
Downloa		omit Original Form t	o Club Registrar a	t the form for signatu and keep a copy for yo League/Division as d		<u>r</u> be Originals.
Club Initials	Date	/ /	League/l	Division Initials _	Date	/ /