



W.S.A. YOUTH/ADULT HOCKEY PLAYER REGISTRATION

PLEASE RETURN THIS REGISTRATION FORM TO W.S.A. (91 FAIRVIEW PARK DRIVE, ELMSFORD, NY 10523) WITH:
PLAYER PAYMENT (MAKE CHECK PAYABLE TO W.S.A.) AND SIGNED W.S.A. WAIVER FORM

PLEASE PRINT CLEARLY

PLAYERS NAME: _____ MALE FEMALE

PARENT/GUARDIAN'S NAME (IF UNDER 18): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____

HOME PHONE: (____) _____ AGE: _____ BIRTHDATE: _____

WORK PHONE: (____) _____ EMAIL: _____

HOW DID YOU HEAR ABOUT US? FRIEND/FAMILY INTERNET SOCIAL MEDIA

DIRECT MAIL EMAIL PRINT AD OTHER _____

CURRENT TRAVEL HOCKEY YES NO ORGANIZATION & LEVEL IF YES: _____

LEVEL OF PLAY (PLEASE CHECK ONE)

WSA PROGRAM: FALL METRO SUMMER CAMP SPRING METRO 3 ON 3

YOUTH:

ADULT:

NOTES:

- LEARN TO PLAY HOCKEY
- MINI-MITE (6 YEARS AND YOUNGER)
- MITE (8 YEARS AND YOUNGER)
- SQUIRT (10 YEARS AND YOUNGER)
- PEEWEE (12 YEARS AND YOUNGER)
- JV (14 YEARS AND YOUNGER)
- VARSITY (17 YEARS AND YOUNGER)

- MEN
- WOMEN
- CLINIC

POSITION PREFERENCE (CHECK ONE) GOALIE DEFENSE FORWARD

TOTAL DUE: _____

DISCOUNTS: _____

TOTAL: _____

TODAY'S DATE _____
PROGRAM DATE _____
SALES PERSON _____

TOTAL PAID: _____ REMAINING BALANCE: _____ BALANCE DUE DATE _____

METHOD OF PAYMENT: CASH _____ CHECK _____ # _____

(CIRCLE ONE) VISA MC AMEX# _____ EXP. DATE: _____

NAME AS IT APPEARS ON CREDIT CARD: _____ CVC CODE: _____

CARDHOLDER'S SIGNATURE: _____

PLEASE READ CAREFULLY
Waiver and Release of Liability
Westchester Skating Academy
(hereafter referred to as "W.S.A.")

REFUNDS: There will be no refunds. Initialed by:_____

PHOTO AND VIDEO RELEASE: As part of our website and in the promotional materials, we occasionally post pictures and/or videos of our players. We will **NEVER** identify children by name.

- I give permission to W.S.A. to use photos and/or videos on the website or other promotional materials.
- I do not give permission to W.S.A. to use photos and/or videos on the website or other promotional materials.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

INJURIES: All injuries must be reported to the W.S.A. Hockey Office within 24 hours. There is a (2) game injury grace period. The injured player will remain on the team roster for (2) subsequent games. After this "grace" period it is the responsibility of the player to notify the W.S.A. Hockey Office in writing if he/she will continue playing or be leaving the team due to injury. All games beyond the said "grace" period that are not played in will be credited to the player's account for future league dues.

In consideration of being allowed to participate in any way in the ice skating program, related events and activities of W.S.A., I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program 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; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in ice skating activities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in ice skating activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE W.S.A., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____ Age: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to Indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

Emergency Phone # (s): _____