

Last Name: _____ Jersey Color: _____ # _____



LITTLE CAESARS HOCKEY TRYOUTS PLAYER REGISTRATION FORM

PART I – PLAYER INFORMATION

Player's Name _____

Address _____ City _____ State ____ Zip _____

Birth Date (mm/dd/yyyy) _____ Condition Skate _____ or Tryout Skate _____

Team Player is Trying Out for _____ Home District _____

Parents' Names _____

Telephone _____ Cell Phone _____

Email Address _____

PART II – YOUTH HOCKEY HISTORY

Please start with your current team and work backwards. Additional pages may be attached if necessary.

TEAM NAME (including city)	LEVEL & POSITION PLAYED	YEAR	COACHES NAME

Please check the box if you do not want to be included on future emails: _____

LITTLE CAESARS AAA HOCKEY Club TRY-OUT RELEASE Parent/Guardian Acknowledgement

Name: _____

I understand and agree that the Little Caesars AAA Hockey Club Try-Out (hereinafter "Activity") in which I am permitting my child to participate involves ice skating, including the use of hockey sticks and pucks. I understand and agree that neither, Little Caesars AAA Hockey Club, nor their personnel, are qualified to determine my child's physical condition, health or ability to participate in Activity and that it is my responsibility to consult a physician prior to my child's participation in this Activity. I further understand and agree that my child may decline to participate in any particular activity or exercise which he/she feels is beyond his/her ability. I confirm that my child is wearing appropriate safety equipment including, but not limited to helmet with cage and/or faceguard, gloves and ice skates.

I hereby agree, for myself and my child and our respective heirs, assigns and legal representatives, to hold Little Caesars AAA Hockey Club, their respective officers, directors, board members, players, coaches, employees, agents, independent contractors, other participants in the Activity and the owner of the property on which the Activity takes place ("Releasees") harmless from any and all claims and causes of action of any nature for any and all personal injury or illness, including death, which may occur to my child or which may be aggravated during the course of the Activity in which I have decided to allow my child to engage. I further waive any and all claims or causes of action which my child may now or hereafter have against Releasees which may at any time arise as a result of any act or thing occurring in or arising out of my child's participation in the Activity.

I further expressly understand and agree that the foregoing release any waiver is intended to be as broad and inclusive as is permitted by law of the State of Michigan and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I represent that my child is covered under a qualified health and medical insurance plan.

The undersigned, _____, parent and natural guardian or legal guardian of _____, does hereby represent that he/she is, in fact, acting in such a capacity and agrees to save and hold harmless each and all of the Releasees from all liability, loss, costs, claim or damage whatsoever.

Date Parent Signature

Home Phone Parent/Guardian Name (Printed)

Parent Cell Phone