

E.S.S.H.L

LEAGUE REGISTRATION FORM

(Registration Form **AND** Waiver Release Forms must be completed)

League Registration (circle all that apply): Senior League (12-65+) Junior League (12-16) Super Junior League (4-12)			
PLAYER INFORMATION			
Player's Name:		Parent's Name: (if under 18)	Position: Goalie Forward Defense Any
Do you have hockey experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:		Birth date: / / / Age:
Street address:			City:
State:	Zip Code:	Contact Numbers: Home: () ()	Cell: () ()
Email Address:			Would you be willing to volunteer as a coach, referee, scorekeeper etc? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check your shirt size for your jersey (please check one box): <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL			
Preferred Jersey Number: _____ Secondary Number: _____			
Players may request to be on the same team for reasons such as transportation, family members etc. The ESSHL coaches will approve or disapprove these requests by majority vote, case by case. Please enter any request here, along with the reason for the request below:			
If you or your child are part of another activity/sport that will cause missing of games please state below. Please remember hockey is a TEAM sport and everyone is needed to attend games so no team will have to forfeit games due to lack of players:		<u>Equipment for Leagues:</u> <div style="margin-left: 20px;"> <input type="checkbox"/> Hockey Stick (must have to play) </div> The following items are not needed to play but recommended to play: <div style="margin-left: 20px;"> <input type="checkbox"/> Gloves <input type="checkbox"/> Shin pads/ soccer shin pads <input type="checkbox"/> Helmet <input type="checkbox"/> Cup </div>	

INSURANCE INFORMATION	
Insurance Name:	
Policy Holder Name:	
Policy Number:	Policy Expiration Date:

IN CASE OF EMERGENCY			
Name of relative or friend (not living at same address):	Relationship to player:	Home phone no.: ()	Cell phone no.: ()

REGISTRATION FEES		
<p>Fees for the following leagues are as followed for the upcoming seasons, please pay by either Cash or Checks made out to ESSHL. Late registration fee will be assessed if player sign-ups up after the deadline. All registration deadlines can be found on our website or our Facebook page. Please send all forms and registration fees to the following address:</p>		
<u>Senior/Junior League:</u> 4323 Barrett St. Chincoteague , VA 23336	<u>Super Junior League</u> PO BOX 23 Attn. Jennie Rice Onancock, VA 23417	
Senior League (12-65+): <ul style="list-style-type: none"> Registration Fee \$55.00 Late Registration Fee \$75.00 <p><i>*If a player is 12-17 then the prices for the Senior League will be the same as Junior League*</i></p>	Junior League (12-16): <ul style="list-style-type: none"> Registration Fee \$45.00 Late Registration Fee \$65.00 	Super Junior League (4-12): <ul style="list-style-type: none"> Registration Fee \$45.00 Late Registration Fee \$65.00

I understand to my knowledge that all the information above is correct. As a player or parent of a player within the ESSHL, I promise to adhere to the league rules/regulations and strive to demonstrate and uphold the highest standards and traditions of fairness and sportsmanship. I understand and agree that I can be suspended as a player or asked to leave as a parent of a player, for any behavior, which, in the opinion of a majority vote by the ESSHL BOARD OF DIRECTORS, does not meet with league standards.

<hr/> <i>Player Signature or Parent/ Legal Guardian Signature</i>	<hr/> <i>Date</i>
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Waiver/Release Form

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **EASTERN SHORE STREET HOCKEY LEAGUE** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees 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, **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. 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 representative and next of kin, **HEREBY RELEASE AND HOLD HARMLESS the ESSHL** 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 ("**RELEASEES**"), **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**
5. As a player or parent of a player within the ESSHL, I promise to adhere to the league rules/regulations and strive to demonstrate and uphold the highest standards and traditions of fairness and sportsmanship. I understand and agree that I can be suspended as a player or asked to leave as a parent of a player, for any behavior, which, in the opinion of a majority vote by the ESSHL BOARD OF DIRECTORS, does not meet with league standards.

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 _____
(Participant's Signature)

(Date Signed)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian of _____ with legal responsibility for this participant, do consent and agree to his/her release as provided above of 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 THEIR NEGLIGENCE.**

X _____
(Parent/Guardian Signature)

(Emergency Phone Number)

(Date Signed)