



# Panthers Alliance 2009/2010 Tryout Registration

PLAYERS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

INSURANCE CARRIER: COMPANY NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

### PARENTS / GUARDIANS:

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK/CELL PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENTS): \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE REGISTERING FOR (PER USA HOCKEY AGE DIVISIONS): \_\_\_\_\_

POSITION: \_\_\_\_\_ TEAM TRYING OUT FOR: \_\_\_\_\_

08-09 PROGRAM \_\_\_\_\_ TEAM: \_\_\_\_\_

***ALL USA HOCKEY RULES AND REGULATIONS APPLY AND WILL BE ENFORCED DURING TRYOUT SESSIONS***

*Selections and cuts can be made at any time during tryout.*

I hereby register my son/daughter for the tryout and understand that if he/she is selected to the team, I will be required to sign a letter of commitment and pay a **\$750 ( seven hundred fifty -dollar)** nonrefundable deposit. I further understand that the fee is based on full rosters, therefore; if my son/daughter cannot play or withdraws for any reason, I will not be entitled to a refund. This deposit will be credited towards your 2009/2010- yearly dues.

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY.** In consideration of being allowed to participate in any way with the Panthers Alliance Hockey Club, related events and activities, I, the undersigned parent/guardian: (1) acknowledge and fully understand that each participant will engage in activities that involve risk of serious injury which may result from his/her own action, inaction or negligence of others, rules of play or condition of premises or equipment use. Further, there may be other risks not known to us or reasonably foreseeable at this time: (2) assume all foregoing risks and accepts personal responsibility for damages following such injury: (3) release, waive and discharge, agree to hold harmless and covenants not to sue South Florida (Panthers) Alliance Hockey Club, it's affiliates and clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsors and if applicable, owners and lessees of the premises used to conduct the event, all of which are hereinafter referred to as "releases," from demands, losses or damages on account of injury or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING SAME, AND SIGNS IT VOLUNTARILY.

THE UNDERSIGNED ALSO AGREES THAT HE/SHE CERTIFIES THAT ALL INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE. IF ANY INFORMATION IS SUSPECTED TO BE FALSE WITH SUBSTANTIAL REASON, PLAYER WILL BE SUSPENDED PENDING INVESTIGATION. OTHER PENALTIES MAY BE ASSESSED AFTER INVESTIGATION IS COMPLETED.

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Tryout Payment Amount \_\_\_\_\_ ( ) CC – \*attach CC request form or receipt OR ( ) Check# \_\_\_\_\_

Received Date: \_\_\_\_\_ By: \_\_\_\_\_