



CHICAGO METROPOLITAN HIGH SCHOOL HOCKEY LEAGUE

PARTICIPATION FORM

Player's Name _____ School Name _____

Street Address _____ School Address _____

City _____ State _____ Zip _____ School City _____ State _____ Zip _____

Phone _____ School Phone _____

HOLD HARMLESS AGREEMENT:

We recognize and acknowledge that ice hockey, as well as other contact sports, is a game in which there are risks of injury to the participants.

Because of this, and desiring that the above named minor participates as a player with the above High School Hockey Team, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the above High School Team, the school(s), its agents and coaches; the Chicago Metropolitan High School Hockey League, and its Divisions, their officers, directors, agents and personnel; each ice rink in which the League participates, and its agents and personnel; USA Hockey and the Amateur Hockey Association Illinois, Inc.; harmless from any and all liability for damages because of injury or otherwise sustained by the above named minor; arising directly or indirectly out of or in connection with his/her enrollment and/or participation as a player with the above named High School Hockey Team during the 20____- 20____ season.
(Insert Years)

Signature of Player _____ Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

DOCTOR'S CERTIFICATION OF EXAMINATION AND APPROVAL TO PARTICIPATE:

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

I, the above doctor, have given a physical examination to the above player and I have found him/her physically fit to practice and play ice hockey with the above High School Hockey Team and to participate in the Chicago Metropolitan High School Hockey League for the 20____- 20____ season.
(Insert Years)

Doctor's Signature _____ Date ____/____/____

HOSPITAL RELEASE:

The player named above has my permission to engage in all hockey activities, i.e. games, practices, drills, etc., for the 20____- 20____ season.
(Insert Years)

In the event of injury, I hereby give my permission to hospitalize and secure treatment, and to order injection, anesthesia or surgery for the above named person.

Signature of Parent/Guardian _____ Date ____/____/____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Next of Kin _____

Home Phone _____ Work Phone _____

All Signatures MUST be Originals. No FAX Copies Accepted. Return BOTH Copies to League Registrar.

League Initials _____ Date ____/____/____