



ISI HOCKEY MEMBERSHIP APPLICATION

Membership Term September 1, 2010 - August 31, 2011

PLEASE PRINT LEGIBLY

ISI Number _____ Home Rink or League _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Country _____ Phone Number (_____) _____

Birthdate ____/____/____ Age as of July 1st: _____ Email _____

Gender (Please circle) Male Female Player _____ Coach _____ Referee _____

Hockey Membership dues: Youth (Ages 17 & Under) \$18

Adult (Ages 18 & Over) \$25

****Assumption of Risk, Waiver of Liability & Indemnity Agreement- Must be Read and Signed****

In consideration of being allowed to participate in the hockey program, its related events and activities, I acknowledge, and agree that: I understand and accept the risk of injury, paralysis and death, resulting from participation in the aforementioned program. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and full responsibility for my participation; and, I willingly agree to comply with the rules, terms and conditions of participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Ice Skating Institute, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age _____ Date _____

PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

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

X _____ Date Signed: _____

PAYMENT TYPE (circle one) Check VISA MasterCard AmEx Discover **NO REFUNDS**

Credit Card Number _____ Exp. Date _____

Name on Card (please print) _____

Credit Card Billing Address _____

Cardholder Signature _____ Phone _____

(Must be included)

AMOUNT \$ _____