

Street Devils Hockey League Sign Up Form Spring 2012

Student's Name _____

Child's current grade _____

Previous hockey experience? Yes _____ No _____

If yes, check any that apply

previously played in the Street Devils program? _____

played in an organized hockey league? _____

other _____

Shirt size (please specify) _____

Parent/Guardian information

Parent/Guardian Name

Phone number _____

Email Address _____

_____ Yes, I would like to coach

_____ Yes, I would like to referee

_____ Yes, I would like to be a scorekeeper

_____ yes, I can help with the concessions stand

Virtus Trained _____yes _____no

Rutgers Certified _____yes_____no

Fingerprinted ____yes ____no

NO OBLIGATION OF RELEASEES. None of the Releasees shall have, or be deemed to have, any obligation to the Participant or his/her parent or guardian hereunder or otherwise in connection with the Program, including, but not limited to, with respect to the continued provision of equipment and continuation of the Program at the Program Center or otherwise.

MISCELLANEOUS. This release, discharge, waiver and covenant not to sue shall be governed by and construed in accordance with the laws of the State of New York, without reference to the conflict of law provisions thereof. If any portion of this Release, Discharge, Waiver and Covenant Not To Sue shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

REPRESENTATIONS. Each of the Participant and his/her parent or guardian states that he/she understands that neither the Club Owner, the Club, the NHL, nor any of its member clubs, is the owner or operator of the Program Center. Each of the Participant and his/her parent or guardian further states that the Participant is in good physical condition, is physically fit to participate in the Program and is not subject to any medical condition that poses or may pose any risk of harm or disability to others.

Name of Participant

(Please Print): _____

Signature of Participant _____

Date: _____

PARENT/GUARDIAN MUST COMPLETE:

I affirm that I am the Parent or Legal Guardian of the Participant with authority to give this authorization to his/her participation in the Program and confirmation of the above agreement. I agree to indemnify the Devils, Program sponsors, and the NHL and their successors, and assigns from and against any liability arising out of any claim of any invalidity of this affirmation.

PARENT/GUARDIAN (Please Print): Name _____

Address _____

(City/Town) _____

Signature _____

Date _____

Name of Witness

(Please Print): _____

Signature of Witness _____

Date: _____

**Address & Phone No. of
Participant (Please Print):** _____

Volunteer Form For The" Street Devils" Coach

Name: _____

Virtus Trained: yes ____ Fingerprinted: yes _____

Parish or facility where trained? _____

Phone contact number _____

Email address: _____

Level of Hockey Coaching: I have never coached hockey, but am willing to coach _____

I have some Hockey coaching experience _____ I am a certified Hockey instructor _____

I am available most evenings _____ I am available only weekends _____

I am available other times _____ (please state when)

Volunteer Form For The " Street Devils"

Name of volunteer: _____

Contact number: _____

Email address: _____

Area of volunteering: concession _____ **scorekeeper** _____

other _____

available times: weeknights _____ **weekends** _____