

RCD HOCKEY

Participant Information

First _____ Last Name _____ DOB ____ / ____ / ____

Address _____

City _____ State _____ ZIP _____

Parent/Guardian Information

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Home Phone _____ Cell Phone _____

Emergency Contacts (One Required)

1. First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Home Phone _____ Cell Phone _____

2. First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Home Phone _____ Cell Phone _____

Waiver

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the student while participating in any activities or while on the premises of the RCD Hockey, LLC; the undersigned assumes all responsibility for any and all risk for damage or injury that may occur to the above named player/s as a participant in RCD Hockey, LLC, including practices, games, skill sessions, clinics, Summer Camps and other activities related to the program. In consideration of such, the undersigned hereby releases and discharge the program, RCD Hockey, LLC, Ryan Dooley, it's operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or cause of action present or future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation with the said program. This is also my permission to have my child admitted and attended to, for medical or dental treatment in case of sickness or injury.

Signature of parent or guardian / player (18 or Older) _____

Date _____