

**Youth Fall/Winter 2011**



Freedom Park  
528 Freedom Park Drive – Camarillo, CA – 93010 – (805) 384-9994

**Player Registration Form**

Fees: \$150.00 (10 games + playoffs and finals)  
\$20.00 USARS Insurance

Division to play:  
(circle one)

Youth 5 and up

Youth 14 and under

Player Information

Team Name: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The hockey player or parent/guardian of the hockey player understands that roller hockey, like most athletic activities, has a degree of unpredictability and risk involved with it and that injuries can and sometimes do occur. By signing below, the hockey player or parent/guardian of the hockey player, acknowledges, understands, and assumes the risks involved in the activity for which the hockey player is enrolling. Additionally, by signing below, the hockey player or parent/guardian of the hockey player represents and warrants:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM MY OWN ACTIONS, INACTIONS, OR NEGLIGENCE, BUT FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR COMPETITION AREA OR ANY EQUIPMENT USED, FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME.
2. AGREE THAT PRIOR TO PARTICIPATING IN THE CAMARILLO ROLLER HOCKEY LEAGUE, I WILL INSPECT THE COMPETITION AREA AND ALL EQUIPMENT TO BE USED, AND IF, THROUGH MY INSPECTION, I DETERMINE THAT ANYTHING RELATED TO THAT ACTIVITY IS UNSAFE, I WILL IMMEDIATELY ADVISE MY COACH OR AN OFFICIAL OF THE CAMARILLO ROLLER HOCKEY LEAGUE OF THIS UNSAFE CONDITION AND WILL NOT PARTICIPATE UNTIL THE CONDITION IS CORRECTED.

I have read the above language and understand that I have given up substantial rights by signing it and have signed this document voluntarily. I also agree to abide by all rules set out by USA Hockey as outlined in the USA Hockey Rule Book.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Parent Signature  
(If player is under 18 yrs. Old)

\_\_\_\_\_  
Date

**Make checks payable to CRHL**