



ISI HOCKEY TEAM REGISTRATION FORM

TERM: September 1, 2022 through August 31, 2023

FEE: Per Adult Team: **\$490.00 for All Teams**
Per Youth Team: **\$340.00 for All Teams**

Coverage for the member ISI Hockey Team(s) will become effective the day that the completed form and appropriate fee arrives in our office, subject to the signed terms and conditions which are a part of this registration form.

Terms and Conditions (Page 2), which must be signed by an authorized Administrative representative

ISI ADMINISTRATIVE MEMBER NAME: _____

Adult Hockey Teams to register:

Qty: _____ \$490 per Team Total \$ _____

Youth Hockey Teams to register:

Qty: _____ \$340 per Team Total \$ _____

GRAND TOTAL DUE \$ _____

Will this membership request be ____ *Billed to the Administrative Member or ____ Prepaid?

*Membership and benefits (insurance) are valid once actual payment is received in the ISI Office

Printed Name of Administrative Representative: _____

Signature of Administrative Representative _____ Date: _____

Cardholder's Name:		
Card No:	Signature:	
Card Exp Date:	Card Sec Code:	Card Zip Code:
Cardholder's phone number:		
Cardholder's email address:		

The Administrative Member must maintain current membership throughout the term, which is Sept 1 through Aug 31, annually. If for any reason, the Administrative Membership lapses, team memberships and all benefits associated with team membership will all expire.

If your Administrative membership currently has an expiration date of something other than Aug 31 of the current term, contact Jeff Anderson (jeff@skateisi.org) in the ISI office if you wish to change your membership dates to coincide with team terms. Jeff will work with you to prorate a membership extension to the end of the current term year.

The ISI hockey program is a recreational, non-checking program. All members agree to those conditions.

The attached "**Hockey Team Registration List**" must be submitted for each team being registered. Every team must have a name. All communication regarding a team must reference the Team Name, as well as the Administrative member's name.

****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 ISI, 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.

ISI requires **EACH TEAM** to have the above "**Assumption of Risk, Waiver of Liability & Indemnity Agreement**" signed by each team participant for the Administrative member's own protection. Completed forms must be kept on file at the Administrative Member's offices and are subject to inspection or request for production by ISI and/or its insurance carrier.

By signing below, the Primary Contact of the Administrative Member agrees to the above referenced Terms and Conditions.

Authorized Administrative Member's Printed Name

Signature

Date

Attachments:

- Individual Team Registration List
- Sample incident report
- Instructions for initiating a claim
- Assumption of Risk, Waiver of Liability & Indemnity Agreement (for individual use should the Administrative member choose to use it.)

REGISTRATION LIST

Use this form to provide ISI Team Information
Attach additional lists as necessary,
or use the Bulk Registration Excel spreadsheet

**Membership and benefits (insurance) are valid once actual payment is received in the ISI Office.*

ISI Administrative Member			
Team Name			
Youth or Adult		League or Division	
Team Captain: Name			
Team Captain: Email			
Alternate Team Contact:			
Alternate Team Email:			

ISI Administrative Member			
Team Name			
Youth or Adult		League or Division	
Team Captain: Name			
Team Captain: Email			
Alternate Team Contact:			
Alternate Team Email:			

ISI Administrative Member			
Team Name			
Youth or Adult		League or Division	
Team Captain: Name			
Team Captain: Email			
Alternate Team Contact:			
Alternate Team Email:			

Assumption of Risk, Waiver of Liability & Indemnity Agreement

Must be read and signed by each individual team member

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, death and possible exposure to and illness from infectious diseases including but not limited to COVID-19, 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 Sports Industry, 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.

PRINTED PARTICIPANT NAME Telephone No Email Address

PARTICIPANT ADDRESS City State Zip

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: _____
PARENT/GUARDIAN SIGNATURE