CALIFORNIA 2007 PROSPECT SERIES
PLAYER REGISTRATION FORM

(Please Print Clearly)

PLAYER INFORMATION

PLAYER NAME:_____ **DATE OF BIRTH:**_____

USA HOCKEY PLAYER REGISTRATION NUMBER:_____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENTS NAME(S):_____

EMAIL ADDRESS (most frequently checked):_____

HOME PHONE: _____ **CELL PHONE:**_____

2015-16 TEAM AND LEVEL: _____ **POSITION:** _____

HEIGHT:_____ **WEIGHT:**_____ **SHOOTS (R or L):**_____

PAYMENT INFORMATION

Make check payable to: Andrew Cohen **Check #**_____

Amount Due: $100.00 (Three Game Series)

RELEASE OF LIABILITY AND RISK ACKNOWLEDGMENT

Please Read Carefully

In consideration of being allowed to participate in any of California Brick Hockey. programs and related events and activities, the undersigned:

1. Agrees that prior to participating in any activity at The Rinks-Lakewood they will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach/supervisor and or/management of such conditions and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death and severe social and economical losses which might result from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assumes all foregoing risks and accept personal responsibility of the damages following such injury, or permanent disability or death.
4. Releases, waives, discharges and covenant not to sue California Brick Hockey, The Rinks-Lakewood or its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leaser of premises used to conduct events, all of which are herein after referred to as "release" from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.

I have read the above and understand that I have given up substantial rights by signing and have signed voluntarily.

PARENT SIGNATURE: _____ **DATE:** _____

MAIL THIS FORM AND PAYMENT TO:

Andrew Cohen
11038 Braddock Drive
Culver City, CA 90230