2019 SOUND SHORE SPRING SELECTS

REGISTRATION FORM



NAME	·
DOB	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
EMERGENCY	
EMAIL ADDRESS	
CURRENT TEAM	
POSITION	
SELECT TEAM TRYING OUT FOR	
03'/04' 07'	
05' 08'	
06	-
PAYMENTS PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: Sound Shore Spring Selects	MAIL COMPLETED REGISTRATION FORM AND PAYMENT TO Erik Nates Euro Hockey, Inc. P.O. Box 297 Rye, NY 10580

AGREEMENT AND WAIVER
I give my permission for my child to participate in the Sound Shore Warriors Ice Hockey Program and to receive any and all medical attention necessary to be administered until such times as I can be contacted. The undersigned does hereby acuthorize an officer, coach, or agent of the Sound Shore Warriors Ice Hockey Program transport, as the child requires for any medical attention. The undersigned does hereby assume all risks and hazards incidental to the child's participation in hockey, including but not limited to, transportation to and from all activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Sound Shore Warriors Ice Hockey Program its coaches, sponsors, participants, and agents, from any and all claims arising out of injury to my son/daughter. I hereby release, discharge Erik Nates Euro Hockey, Inc., Erik Nates and employed from all damages, suit, causes of action, or liabilities for personal injury and or property damages which may arise as a result of any such accident or loss. By signing this agreement & waiver, it is also agreed that express permission is granted to Erik Nates Euro Hockey, Inc. to use photographs and videos in which the players' image and likeness appear in connection with his/her participation in the Sound Shore Warriors/Erik Nates Euro Hockey, Inc. Said express permission shall apply to the display, publication, distribution, use, print and reprint of such images and likeness, and the right to employ such images or likeness in advertising or promotions.

SIGNATURE OF PARENT/LEGAL GUARDIAN