

# Adult Inline Hockey League Registration



Capital Clubhouse  
3033 Waldorf Market Place Waldorf, MD 20603

301-932-4348 www.capitalclubhouse.com

SEASON: \_\_\_\_\_ TEAM: \_\_\_\_\_  
POSITION: \_\_\_\_\_ JERSEY #: \_\_\_\_\_

New Player

Returning Player

TEAM FEE: \_\_\_\_\_

INDIVIDUAL FEE: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Payment Type: Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Last 4 digits

Payment Plan Requested  Payment Plan Approved/Date: \_\_\_\_\_

USA Hockey Member #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

## Amateur Athletic Waiver and Release of Liability

**In consideration of being allowed to participate in any way in the athletic/sports programs, related events and activities, the undersigned acknowledges appreciates and agrees that:**

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce risk, the risk of serious injury does exist; and;
2. I knowingly and freely assume all such risk, both known and unknown, when if arising from the negligence of the releases or others, and assume full responsibility for my participation; and;
3. I will agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such information to the attention of the nearest employee immediately; and;
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, here by release and hold harmless their lessors of the premises used to conduct the event ("release"), with respect to any and all injury, disabilities, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_