



Player Information (please print clearly):
 Last Name _____ First Name: _____
 Address: _____ City _____ State _____ Zip _____
 Date of Birth: _____ Age: _____ Phone: _____ Male: _____ Female: _____
 Email Address _____

Adult Player/Parent-Guardian Contact Information (email will be used frequently for communication):
 Mother/Guardian _____ Father/Guardian _____
 Home/Cell Phone _____ Home/Cell Phone _____
 Work Phone _____ Work Phone _____
 Email Address _____ Email Address _____

Emergency Contact Information:
 Name: _____
 Work Phone: _____ Home/Cell Phone: _____

Player Skill Level: Adult _____ Bronze _____ Copper _____ 35 years+ _____
 Silver _____ Gold _____
 Youth _____ Age 5-10 _____ Age 11-15 _____

Position Desired: Skater _____ Goalie _____ Will play Goalie if needed _____
 Please include me on _____ team.

I would like to volunteer to be a Team Parent: _____
 I would like to volunteer to be (requires USA HockeyInLine annual membership) :
 Coach _____ Asst. Coach _____ Referee _____ Name of Volunteer: _____ Phone # _____

All players, coaches & referee's must obtain annual USA HockeyInLine membership. Go to: www.usahockeyinline.com
 USA Hockey InLine Membership # _____ Expires: _____

Jersey Number Requested: Choice #1 _____ Choice #2 _____ Choice #3 _____
 Jersey Size: Adult _____ OR Youth _____ Sm _____ Med _____ Lg _____ XL _____ XXL _____ Goalie Cut _____

Youth	5-10 years	Early-before 8/31/10	\$100 (Goalie: \$50.00)	Registration-after 9/1/10	\$120/\$60.00
Youth	11-15 years	Early-before 8/31/10	\$100 (Goalie: \$50.00)	Registration-after 9/1/10	\$120/\$60.00
Adult	16 years and older	Early-before 8/31/10	\$150 (Goalie: \$75.00)	Registration-after 9/1/10	\$170/\$85.00

Payment: Cash Amount _____ Check # _____ Credit Card Type _____
 Credit Card No. _____ Exp. Date _____ Security# _____
 Amount to charge card _____ Signature _____

Photo Release

We would like to be able to use pictures of the championship teams, action shots, etc. on our website and advertising. We plan on updating the pictures on a constant basis & need your permission for your pictures to be included.

I grant Ripon Powerplay Sports Arena, Inc. permission to use my likeness in photography, video, animation or illustration in any & all media. I understand that my image may appear in online media, print media, marketing & advertising materials & mediums as yet undetermined. I understand & agree that these images are the property of Ripon Powerplay Sports Arena, Inc, and I hold Ripon Powerplay Sports Arena Inc. harmless of any & all possible, actual or claimed, damages arising from use of these images. I irrevocably authorize Ripon Powerplay Sports Arena, Inc. to edit, alter, copy, publish or distribute these photos for purposes as mentioned above. I waive any rights to inspect or approve the finished product, including copy, wherein my likeness appears. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless & release and forever discharge Ripon Powerplay Sports Arena, Inc. from all claims, demands & causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age & am competent to contract in my own name or name of my dependent. I have read this release before signing below & fully understand the contents, meaning & impact of this release.

 Signature of Adult

 Print Name of Minor Child (if applicable)

League Sign Up

daniel@riponrollerhockey.com
1043 S. Acacia, Ripon, CA 95366
Fax: (209) 599-5503
Telephone: (209) 599-2479



Fall
Winter
Spring
Summer

Release from Liability:

I AM AWARE THAT PARTICIPATION IN ACTIVITIES AT THE FACILITIES OF POWER PLAY SPORTS ARENA INC. IS POTENTIALLY HAZARDOUS AND I ACCEPT ALL RISKS OF INJURY OR DEATH THAT MIGHT RESULT FROM SUCH ACTIVITIES. In consideration for being permitted to participate in these activities and to use the facilities of Power Play Sports Arena, Inc., I agree that I, as well as my heirs and representatives (including the undersigned guardian if the participant is under the age of 18 years), will not make a claim against, sue, and/or attach the property of Power Play Sports Arena, Inc., and/or its agents, employees, owners, officers and/or directors (including without limitation any members, coaches, players and volunteers), on account of any injury, death and/or damage that relate to and/or arise from the acts, inactions, and/or negligence, howsoever caused, by any employee, agent, contractor, and/or invitee of Power Play Sports Arena, Inc. and I agree to release, hold harmless, and indemnify against any and all liability (including without limitation any and all demands, claims, actions, losses and expenses, including legal fees) Power Play Sports Arena, Inc. and it's agents, employees, owners, officers and/or directors (including without limitation any members, coaches, players and volunteers), that might relate to and/or arise from my participation in the activities at the facilities of Power Play Sports Arena, Inc. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN POWER PLAY SPORTS ARENA, INC. AND ME AND I SIGN IT OF MY OWN FREE WILL.

If player is 18 years or older, he or she must sign the Release. If player is 17 years or younger, Parent/Guardian must sign the Release.

Parent/Guardian (if player under 18): _____ Date: _____

Print Name: _____ Relationship to Player: _____

Adult Player (if 18 or older): _____ Date: _____

Print Name: _____

Medical Release:

I, the undersigned adult player/parent-guardian, hereby authorize Power Play Sports Arena, Inc. or it's designated representative, to provide consent for the player's medical or dental examination and/or treatment by a licensed physician in the event of illness or injury during a sanctioned league event.

Signed: _____ Date: _____

Insurance Provider: _____ Policy No.: _____

Family Physician: _____ Phone: _____

If player is 18 years or older, he or she must sign the Release. If player is 17 years or younger, Parent/Guardian must sign the Release.

Parent/Guardian (if player under 18): _____ Date: _____

Print Name: _____ Relationship to Player: _____

Adult Player (if 18 or older): _____ Date: _____

Print Name: _____