

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Program Registering For: _____ (Location Required) 1 Form for each Participant & Program.

PARTICIPANT'S NAME: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone Number: _____

Sex: M _____ F _____ Date of Birth: _____ Age: _____

Medical Information:

THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact: _____
(Name) (Relationship)

_____ (Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.: _____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes: _____ No: _____
If yes, explain: _____

2. Does the participant take any kind of medication? Yes: _____ No: _____
If yes, explain: _____

3. Is the participant allergic to any medications or foods? Yes: _____ No: _____
If yes, explain: _____

4. Does the participant have any medical problems our staff should be aware of? Yes: _____ No: _____
If yes, explain: _____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: _____ **Date:** _____
(REQUIRED FOR PARTICIPATION)

North Shore Rink Management

John J. Janas Rink Lowell MA

Henry Graf Rink Newburyport MA

BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE

In consideration of being allowed to participate in any way in the public hockey Public skating program, related events and activities of the ice arena, I, _____, the undersigned, acknowledge, appreciate, and agree 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 this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in this independent ice hockey group, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation in activities at the arena. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD North Shore Skating Rink Management, Property Owner, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and/or lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

PARTICIPANT NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE NUMBER: _____ EMAIL: _____

X _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X----- PARENT/GUARDIAN SIGNATURE
DATE