



Dominik Hasek Youth Hockey League, Inc.

2607 Niagara Street Buffalo NY 14207 (Riverside)

25 Cazenovia Street Buffalo NY 14220 (South Buffalo)

716-875-4820 Ext:103 -- IanT@haseksheroes.org -- www.haseksheroes.org

Attention: Due to the Rink Renovation occurring this year at Riverside Ice Rink, all programming at that location will be delayed until at least January 2022. The Learn to Skate and Hockey program will be held solely at Cazenovia Ice Rink until the Riverside renovation has been completed.

Today's Date _____

Which Program are you interested in? Learn to Skate:_____ Hockey:_____

If you have selected the hockey program, does your child have any previous experience playing hockey either with Hasek's Heroes or another organization?

Preferred "Home" Rink Cazenovia:_____ Riverside:_____

Player's Information

First Name:_____ Last Name: _____

Address:_____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ School: _____

Sex: Male _____ Female _____

Allergies, Asthma, or other Medical Conditions: _____

Parent/Guardian Information

Name:_____ Relationship: _____

Address:_____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Is the player currently registered with another hockey organization? Yes _____ No _____

If Yes Organization Name: _____

Is the player registered with USA Hockey? Yes _____ No _____

Gross Family Income Per Year: _____ **Number of people in household:** _____

Ethnicity: (Please circle one)

Asian - African American - Hispanic - Middle Eastern - Native American - Caucasian - Other

Does the player receive Reduced or Free Lunch Yes _____ No _____

Is the player new to Hasek’s Heroes: Yes _____ No _____

Does the player require use of Hasek’s Heroes Hockey Equipment Yes _____ No _____ (If Yes, please read below)

Equipment Policy

Each player requiring equipment, will be issued equipment to skate and play ice hockey in our program. Issued equipment does not include athletic supports, athletic cups and mouth guards. The equipment is property of Hasek’s Heroes. If the equipment is lost, stolen or damaged you must immediately notify Hasek’s Heroes staff. All equipment must be returned in good condition, less normal wear and tear. In the event any equipment is lost, stolen or damaged I understand I may be held financially responsible.

I understand and agree to the Hasek's Heroes equipment policy:

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ Date: _____

Attendance Policy

Hasek's Heroes programming operates on a first come, first served basis with a limited number of slots. Attendance for the season is very important. Program staff will take attendance before each session. **We ask that the player not have more than 3 non-medical absences in a season or he/she may have to forfeit their program slot and be placed on the program's waiting list.**

I understand and agree to the Hasek's Heroes attendance policy:

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ Date: _____

Parent/Guardians Agreement and Authorization

I, the custodial parent or guardian of the aforementioned candidate for the DHYHL hockey program hereby give my approval to his/her participation in any and all activities of this program during the 2021-2022 season. I assume all risks and hazards incidental to such participation, including transportation to and from such activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the DHYHL, the organizers, supervisors, sponsors, participants and persons transporting my child to and from activities, for any claim arising out of an accident or injury to my child, except to the extent and in the event covered by accident and/ or liability insurance held by the DHYHL. I agree [give my permission for the player listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in DHYHL published materials or in other ways for the enhancement of the DHYHL program. I have read this acknowledgement and do hereby demonstrate my understanding and agreement to abide by these guidelines by affixing my signature and the date below. Furthermore, I affirm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from the Hasek's Heroes Program.

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ Date: _____