



2016~2017 REGISTRATION

Dominik Hasek Youth Hockey League, Inc.

2607 Niagara Street ☆ Buffalo, NY 14207

25 Cazenovia Street ☆ Buffalo, NY 14220

Phone: 716-875-4820 ☆ web: www.haseksheroes.org

Today's Date: _____ Rink: Caz _____ Riverside _____

New to Hasek's Heroes: Yes _____ No _____

Skater's Name: _____
(First Name) (Middle) (Last Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Male: ___ Female: ___ Date of Birth: _____ Age: _____ Shoe Size: _____ Shirt Size _____ Shoot: L or R

Parent or Guardian fill the following out and please write clearly~~

Father/Guardian: _____

Address (If different from above) _____

Email: _____ Phone: _____

Mother/Guardian Name: _____

Address (If different from above): _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Gross Family Income per Year:

(for program requirements and data)

_____ \$30,000 or less _____ \$30,000 or more

Number of Children in Household:

MORE



Ethnicity: (please circle):

(For Funding Purposes Only)

Asian Black/African American Hispanic Native American
White/Caucasian Other

Does the Skater have any medical limitations/precautions? Yes _____ No _____

If yes, please briefly explain: _____

School Attending: _____ 2016-2017 School Grade: _____

Reduced-Fee Lunch Yes _____ No _____ School Grade Point Average (GPA) : _____

Does the skater have an Individualized Education Plan? (I.E.P.) Yes: _____ No: _____
(Individualized Education Program—issued through your school district)

Are you or have you ever been registered with USA Hockey Yes: _____ No: _____ Year: _____

Are you or have you ever played hockey for an organization Yes: _____ No: _____ Year: _____

Hockey Organization Playing or Played for: _____

Parent/Guardians Agreement and Authorization

I, the custodial parent or guardian of the above named candidate for the DHYHL hockey program hereby give my approval to his/her participation in any and all activities of this program during the 2016—2017 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 will furnish a copy of the birth certificate for the above named child and proof of the family income if the officials of the DHYHL request such information.

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 agree to return all equipment issued to my child in good condition as when received with normal wear and tear expected.

Parent/Guardian Name (please print) _____

Signature _____ Date _____