

Dominik Hasek Youth Hockey League, Inc.

2607 Niagara Street Buffalo NY 14207 (Riverside)

25 Cazenovia Street Buffalo, NY 14220 (South Buffalo)

Phone: 716-875-4820 Web: www.haseksheroes.org

In 2001, economically underprivileged youth in Western New York became the recipients of an extraordinary gift from one of its greatest sports heroes: Dominik Hasek. Dominik's love for the sport of hockey and his great compassion for the youth of our region led him to give one of the greatest gifts an athlete has ever bestowed upon this community.

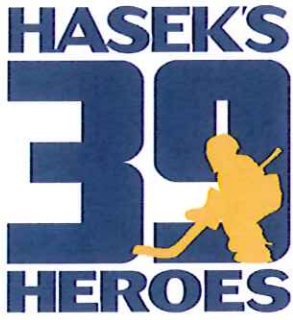
With a directive to create a developmental hockey program for economically disadvantaged youth in the Buffalo area, Dominik created the Hasek's Heroes program. Through Hasek's Heroes, underprivileged youth would have the equipment, ice time and coaching needed to play ice hockey. But beyond that, they would be provided a safe haven, role models, character development and team building skills, all of which could effectively change the future for hundreds of youth each year.

The vision of the organization is to use the game of hockey as a catalyst for children ages 4 to 14 to realize their full potential. Through participation in Hasek's Heroes, underprivileged youth enjoy a safe, after-school and weekend activity with mentors and coaches who care about their well-being.

If you wish to enroll your child, please complete the attached application and **submit it directly to the Riverside Rink location no later than Monday, October 16th 2017**. Enrollment is on a first come, first served basis and space is limited. The items listed below are needed for your child's enrollment packet to be considered:

- **Completed Hasek's Heroes Enrollment Form**
- **Signed Hasek's Heroes Attendance & Authorization Form**

If you have any questions, or would like any additional information please contact Ian Trudell at 716-875-4820 ext 103 or email IanT@haseksheroes.org



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Hasek's Heroes 2017/2018 Enrollment Form

Today's Date _____ **Program Location:** Cazenovia _____ Riverside _____

If accepted, how would you like to receive your enrollment confirmation? (check one)

_____ Mailed to me at: _____

_____ Emailed to me at: _____

Child's Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ School: _____

Male: _____ Female: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

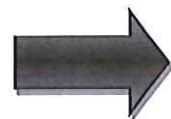
Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

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Hasek's Heroes 2017/2018 Enrollment Form (Page 2)

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 your child receive Reduced-Fee Lunch Yes _____ No _____

Type of Program you're enrolling in (Check one)

Beginner Learn to Skate all ages: _____

Mini-mite hockey (Ages 4-6): _____ Mite hockey (Ages 7&8) : _____

Squirt hockey (Ages 9&10): _____ Pee Wee hockey (Ages 11&12): _____

Bantam hockey (Ages 13&14): _____

Does your child require use of Hasek's Heroes Hockey Equipment Yes _____ No _____

(If Yes, please read below)

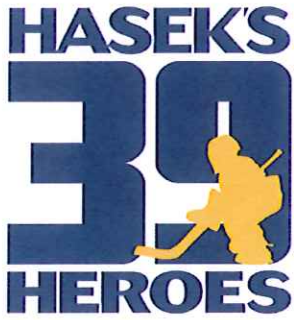
Equipment Policy

Each child requiring it will be issued the equipment necessary to safely skate and play ice hockey (excluding jocks and cups). The equipment is property of Hasek's Heroes and shall not leave the facility. 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 Haseks' Heroes equipment policy:

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ Date: _____



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Hasek's Heroes 2017/2018 Attendance & Agreement Form

Attendance Policy

Hasek's Heroes programming operates on a first come, first served basis with a limited amount of slots. Attendance for the season is very important. Program staff will take attendance before each session. **If your child has more than 3 non-medical absences, he/she will forfeit their program slot and be placed on the site's waiting list.**

I understand and agree to the Haseks' 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 2017-2018 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/Guardian Name (please print) _____

Signature _____ Date _____