



**2010 – 2011 Tryout Registration**  
**Eastern Jr. Raiders**  
[www.easternjr raiders.com](http://www.easternjr raiders.com)

**Team Level:** \_\_\_\_\_

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Tel #:** \_\_\_\_\_ **Cell Tel #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**This year's team** \_\_\_\_\_ **Position:** Defense Forward Goal

**Registration Fee (non-refundable): \$50.00/payable to Eastern Jr. Raiders, LLC**

**Release of Liability/Acknowledgment of Risk:**

In consideration of being allowed to participate as a player, instructor, coach, counselor, assistant, parent or volunteer (herein called "participant") in the Eastern Jr. Raiders Organization (herein called "the Program") activity, the undersigned acknowledges and agrees that: (1) participation in or observation of ice skating, ice hockey and dry land sporting activities have inherent physical risks that may result in serious injury including permanent paralysis or death. (2) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation. (3) I understand and agree that neither the Program nor any of its officers, directors, administrators, shareholders, employees, agents, coaches, referees, ice rink or employees of the ice rink used by the Program shall be responsible or held liable for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. (4) The participant is responsible for any and all medical costs for any injuries arising from or around the Program activities. (5) I hereby represent to the Program that my son or daughter has no known medical condition that restricts or prohibits participation in ice hockey, ice-skating or any related activity. Nor does participant have any know medical condition which puts him or her at greater risk of injury or death resulting from any risks associated with participating in Program activities, whether such risks are known or unknown to parent or participant. (6) In the event of injury or illness, I give permission for the Program or its designee to provide, or make arrangements for provisions of, emergency first aid.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_