



Refund Policy
 Fees are nonrefundable except on an apportioned basis in the event illness or injury prevent participation. Refund requests must be accompanied by a doctor's note. In the event a refund is issued, a \$20 processing fee will be deducted from the amount of the refund.

Youth and Adult League Registration

PLEASE RETURN THIS INFORMATION TO *IDAHO ICEWORLD* WITH:

1. PLAYER'S PAYMENT (PLEASE MAKE CHECK PAYABLE TO *CITY OF BOISE*)
2. SIGNED *IDAHO ICEWORLD* RELEASE OF LIABILITY FORM (REVERSE SIDE OF WHITE COPY)
3. SIGNED USA HOCKEY WAIVER (REVERSE SIDE OF YELLOW COPY)

PLEASE PRINT CLEARLY

PLAYER'S NAME _____
 (FIRST) (M.I.) (LAST)

E-MAIL ADDRESS: _____

MALE FEMALE D.O.B. _____ AGE _____

PARENT OR GUARDIAN'S NAME IF UNDER 18 YEARS OLD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

LEVEL OF PLAY (PLEASE CHECK ONE)

YOUTH		ADULT		TEAM NAME
<input type="checkbox"/> MIGHTY-MITE	<input type="checkbox"/> SESSION # _____	<input type="checkbox"/> CLINIC		_____
<input type="checkbox"/> MITE	<input type="checkbox"/> 3 ON 3	<input type="checkbox"/> INTERMEDIATE A		_____
<input type="checkbox"/> SQUIRT	<input type="checkbox"/> CLINIC	<input type="checkbox"/> INTERMEDIATE B		_____
<input type="checkbox"/> PEEWEE	<input type="checkbox"/>	<input type="checkbox"/> INTERMEDIATE C		_____
<input type="checkbox"/> BANTAM		<input type="checkbox"/> ADVANCED		_____
<input type="checkbox"/> HIGH SCHOOL, Attending _____		<input type="checkbox"/> WOMEN'S		_____
		<input type="checkbox"/> 3 ON 3		_____

If Still in Junior High, what school do you attend? _____

USA Hockey REG # (Attach Copy): _____

LEAGUE FEE: \$ _____
 DISCOUNTS: \$ _____
 PAYMENT PLAN: \$ _____
 EQUIPMENT FEE: \$ _____ (NON-REFUNDABLE)
 TOTAL: \$ _____ (NON-REFUNDABLE)
 TOTAL PAID: \$ _____
 BALANCE DUE: \$ _____

REASON FOR DISCOUNT: _____

TODAY'S DATE _____
 PROGRAM DATE(S) _____
 SALES PERSON: _____

\$20.00 fee will be charged for all checks returned due to insufficient funds.

METHOD OF PAYMENT: CASH _____ CHECK _____ CHECK # _____ CREDIT CARD _____
 (CIRCLE ONE) VISA AMEX M/C CARD # _____ EXP DATE _____

NAME AS IT APPEARS ON CREDIT CARD: _____

CARDHOLDER'S SIGNATURE _____

IDAHO ICEWORLD HOCKEY LEAGUE
REGISTRATION AND PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK
- READ BEFORE SIGNING -

Print Name of Player (Last/First)

Print Name of Team (if known)

Injuries: All injuries must be reported to the scorekeeper or the Idaho IceWorld Hockey Office within twenty-four (24) hours. There is a two (2) game injury grace period. The injured player will remain on the team roster for two (2) games following the date of the injury. After this period, it is the responsibility of the injured player to notify the Idaho IceWorld Hockey Office in writing if the player will continue playing or will be leaving the team due to the injury.

Rules: I agree to become familiar with and to abide by all the rules of the Idaho IceWorld Hockey League.

In consideration of being allowed to participate in any way in the Idaho IceWorld Hockey League and its related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** (defined below) 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. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
4. I, the undersigned player, acknowledge, agree and understand that: 1) voluntarily and of my own free will, I elect to participate as a member of the hockey team and league indicated. 2) I understand that there are certain risks and hazards involved in participating in hockey that may result in injury, death or property damage to me or other players. 3) I release, discharge and agree not to sue the team, manager, sponsor, referees, Boise Parks & Recreation and its employees and/or USA Hockey and all other cooperating agencies. I understand all rules, regulations and deadlines.
5. I willingly agree to comply with the Idaho IceWorld "No Alcohol" policy. That is, I agree not to bring any alcoholic beverages onto the Idaho IceWorld premises and any violation of this policy may result in my termination of participation in the league program and removal from the facility.
6. I acknowledge the receipt of the Idaho IceWorld Code of Conduct and agree to abide by its contents.

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

Signed: _____ Age: _____ Date _____
(PARTICIPANT'S SIGNATURE)

*****PARENTAL SIGNATURE REQUIRED*****

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

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.

Signed: _____
(PARENT'S GUARDIAN'S SIGNATURE) EMERGENCY PHONE #(s)

Date Signed: _____