

# Rizzo Rink Ice Hockey

## 2018-2019

Anthony Tomassetti  
Rink Supervisor  
1001 S. Front St.  
Phila., Pa. 19147

AGE GROUP \_\_\_\_\_  
JERSEY SIZE \_\_\_\_\_

Telephone: 215-685-1593

### Ice Hockey Registration

Amount Paid \_\_\_\_\_ [ ] Cash  
[ ] Check  
# \_\_\_\_\_

#### Player's Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Cert. #: \_\_\_\_\_

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

#### Parent's Information:

Parent's Names: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### Emergency Contact (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Please list any physical limitations, medical conditions, other problems concerning your child which we should be aware. (Epilepsy, allergies, asthma, etc.)

\* Is your child taking medication? Please list the medications and reason for it.

\* Has your doctor placed any physical limitations or restrictions on your child? If so, please list.

#### Assumption of Risk Agreement & Release:

Upon entering events sponsored by Rizzo Rink and/or its agents or affiliates, I/We agree to abide by the rules of Rizzo Rink as currently published. I/We agree to provide the proper safety equipment and ensure that it is worn. I/We understand and appreciate the participation or observation of the sport constitutes a risk to me/us of serious injury. I/We voluntarily and knowingly recognize, accept, and assume this risk and release Rizzo Rink, its affiliates, their sponsors, event organizers and officials from the liability therefore.

\*\*\*\*We will accept practice night requests for siblings only. See Tony for the request.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to player: \_\_\_\_\_