

Rizzo Rink Ice Hockey
2024-2025 – Returning players

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

Mites division (8U) – Birth years - (2016 - 2017 - 2018)

Junior division (10U) – Birth years - (2014 - 2015)

Senior division (12U) – Birth years - (2012 - 2013) (13U - 2011 - added for this season)

League fee: (All levels: \$200.00)

Player's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Birth Cert. #: _____

Parent's Information:

Parent's Names: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

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: _____