

Rizzo Rink Ice Hockey

2016-2017

www.rizzorink.com

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, events 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: _____