



Westmoreland Hockey Association Advanced Learn To Play Hockey Player Information Form 2011 – 2012

Last Name: _____ First Name: _____ MI: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip : _____

Grade in School: _____ Name of School: _____ School District: _____ Male: _____ Female: _____

Parent/Guardian Names: _____

Address: _____ City: _____ State: _____ Zip : _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Medical Plan / Address: _____

Policy Number: _____

Player Experience:

School / Previous Organizations / Learn To Play	Year
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Cost of Program is \$100.

Forms required:

- Completed Player Information Form
- Copy of Birth Certificate
- USA Hockey IMR (available on the USA Hockey Website <http://www.usahockeyregistration.com/>)
- Medical Consent to Treat Form

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1. **Equipment Disclosure:** All players must be equipped with the following:
Hockey skates, approved helmet with full face guard, mouth guard, neck guard, elbow pads, hockey gloves, chest protector/shoulder pads, groin cup, padded hockey pants, shin guards, and a regulation hockey stick.
 2. **Medical / Liability Release Statement:** If my child is injured during a USA Hockey, Pittsburgh Amateur Hockey League (PAHL) or Westmoreland Hockey Association (WHA) sponsored event, I give permission to the person(s) in charge to seek medical attention. Upon entering events sponsored by USA Hockey or its member districts, we agree to abide by the rules of the USA Hockey, PAHL & WHA. We understand participation in the sport of ice hockey constitutes risk of injury. We voluntarily and knowingly recognize, accept and assume this risk and release USA Hockey, its affiliates, their sponsors, event organizers, coaches and officials from any liability therefore.

Player's Signature

Date

Parent / Guardian's Signature

Date