

WSHL

Whitestown Senior Hockey League

2008-2009

Registration and General Release Form

REGISTRATION:

Name : _____

Date of Birth : _____/_____/_____
Month Day Year

Street Address : _____

City: _____ State: _____ Zip: _____

Phone Number : (Day) _____ (Eve) _____

e-mail : _____

Team : _____ Circle one:

Shoots: Right Left

Player # : _____ Position: C RW LW D G

RELEASE:

I have read all the foregoing rules, regulations, and conditions imposed by the Whitestown Senior Hockey League (hereinafter identified as the **WSHL**), I agree to comply with all of the rules, regulations, and conditions of this league. In the event it is found by the authorized representative or representatives of the **WSHL** that I have violated any rule, regulation, and condition imposed by the league, which results in any disciplinary action against me, including, but not limited to, reprimand, suspension, or expulsion from the league. I waive any right that I may have and agree not to commence any legal action or legal proceeding against the **WSHL** or any of it's authorized representatives for any act or acts that the representative or representatives may have taken to enforce the rules, regulations, and conditions of the **WSHL**.

I, _____, UNDERSTAND THAT I WILL BE **SUSPENDED FROM PLAY IF MY TEAM'S REGISTRATION FEE HAS NOT BEEN PAID IN FULL BY NOVEMBER 23, 2008.** I agree to abide by the rules of the league as set forth in the **WSHL** by-laws. I agree that the sport of hockey is dangerous and assume all risks involved with playing this game and all related activities. I agree to skate at my own risk and will NOT hold the league, its sponsors, promoters, directors, or the rink responsible for any injuries that may be sustained while playing in the **WSHL**.

Signature

Date