



S.I.H.A. ROLLER HOCKEY INDIVIDUAL MEMBERSHIP REGISTRATION 2006 - 2007 HOCKEY SEASON

CLUB I.D. #

S.I.H.A. use only

PLEASE PRINT CLEARLY

Last Name

First Name

Middle Name or Initial

Address

City

State

Zip Code

Area Code + Phone Number

Sex

Month

Day

Year

Date of Birth

E-Mail Address

Name your medical insurance co.: _____

Club Name

Location at rink

City

State

Signature of Club Official verifying club membership

CLUB NO. _____

Athletic Minor Waiver and Release of Liability

I, the undersigned, do affirm the information above is correct and truthful; and I hereby make the application to Skating Rink Inline Hockey Association (S.I.H.A.) for amateur registration with which to identify myself at sanctioned competitions, exhibitions and other appropriate occasions. In consideration of being allowed to participate in the S.I.H.A. sports programs and related events for the 2006-2007 season, October 15, 2006 through October 15, 2007, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant prior to participating in any event, that he/she should inspect the facilities to be used, and if believing anything is unsafe, should immediately advise his/her coach or the meet director of this condition, and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in sporting activities that involve risk of serious injury and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used.

In consideration for my application being accepted, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against S.I.H.A., the S.I.H.A. Registered Club to which I belong, any host S.I.H.A. Club in whose events I participate, the owner of the site where S.I.H.A. competitions and S.I.H.A. club practice sessions take place, or its or their respective officers, agents, representatives, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in and for arising out of my traveling to, participating in, and returning from S.I.H.A. activities or practice sessions in preparation therefore. I certify that to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that will be aggravated or cause to harm me or others as a result of my participation or would impair my doing my best in competition.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY. I/WE ACKNOWLEDGE OUR RESPONSIBILITY TO DELIVER THIS MEMBERSHIP APPLICATION TO S.I.H.A. HEADQUARTERS BEFORE INSURANCE BENEFITS ASSOCIATED THEREWITH ARE EFFECTED.

Applicant Athlete Signature

Parent/Guardian Signature/Relationship
(if applicant is below age of majority)

Date

**ALL S.I.H.A. REGISTRATIONS AND INSURANCE
EXPIRE AT MIDNIGHT, OCTOBER 15, 2007.**

White - Club File Copy

Yellow - Member Receipt