



PENN TRAFFORD DEVELOPMENTAL ICE HOCKEY

This program is for players Mites through Pee Wee.

Program Runs October – February

- Open Skate for all players U8, U10 and U12: Tuesday October 6, 2020 @ Center Ice Arena in Delmont from 5:20–6:20. Mite players must be able to skate unassisted.
 - Weekly Practice – Tuesday from 5:20–6:20 – Starts October 6, 2020
 - Minimum of 18 players needed. Program will be participating in a 12U league out of Alpha Ice that includes Regular Season and Playoff games with Scorekeepers, Referees and an EMT
 - \$250 due at first skate and \$150 Due 11/6 and \$150 Due 12/6 – Please make checks payable to(PTSHC)
 - \$95 for jersey \$13.50 for knit socks
 - Please share with others who may be interested.
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Player's Name: _____

Jersey # Preference: A. _____ B. _____ C. _____

Email address: _____

To guarantee you receive all program information, please provide your contact info to
Rick Goldberg (Rickygold@aol.com)

CONSENT, RELEASE AND WAIVER

I, the undersigned Parent/Legal Guardian, grant my permission for the named player to participate in the Penn Trafford Developmental Hockey program. In the case of injury or illness during these activities, even if I cannot be directly contacted at the time, I authorize the PTDH, Delmont Center Ice Arena or any other appropriate person or facility, to provide the medical treatment they deem necessary, if the need should arise. I understand and agree that it is my reasonability to see that all bills for such medical treatment are paid. I certify that the named player is covered by a medical insurance program.

In consideration of the acceptance of the named player to play for PTDH, I hereby agree to pay the fees and assessments so determined by The Board of Directors as they are due.

I further acknowledge:

- 1. the named player’s participation is voluntary and I understand the inherent risks related to participating in the sport of ice hockey, and
- 2. by participating I assume all risks related to injury or loss, and agree to hold PTDH, its members and Directors, Delmont Ice Arena, and any other representative including coaches, instructors, employees or affiliates, harmless for any injury or loss sustained by the player or property of the player, and/or the player’s family, friends or guests, in connection with PTDH activities, whether or not such injury resulted, directly or indirectly, from negligent acts or omissions of said person.

I acknowledge that I have read this form in its entirety and I fully consent to the terms of the agreement, release the PTDH program from any and all liability, and waive all rights to subsequent recourse and relief.

_____	_____
Parent/Legal Guardian Signature	Date

_____	_____
Witness of PTDH	Date