



215-952-5271

## Application Form

sniderhockey.org

### PLAYER INFORMATION

Name: \_\_\_\_\_

Gender (Circle One): M / F

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip (+4 if known): \_\_\_\_\_ + \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student ID#: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone (1): \_\_\_\_\_

Cell Phone (2): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail (1): \_\_\_\_\_

E-Mail (2): \_\_\_\_\_

### Please Describe Your Heritage (Check One)

- |   |  |
|---|--|
| <input type="checkbox"/> African American       | <input type="checkbox"/> Hispanic              |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American       |
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Prefer Not to Respond |

### Primary Language Spoken at Home:

\_\_\_\_\_

Please Describe if You Have Any Previous Hockey Experience: \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency and a parent or guardian is not available, who should we contact?

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Please Describe Any Allergies or Medical Issues: \_\_\_\_\_

\_\_\_\_\_

## ED SNIDER YOUTH HOCKEY FOUNDATION RELEASE

I, the below signatory, for myself, my minor child and on behalf of my/my child's heirs and personal representatives, in consideration of my child's participation in the "After School & Weekend" program offered by the Ed Snider Youth Hockey Foundation (the "Event"), hereby release, acquit and forever discharge the Ed Snider Youth Hockey Foundation, Comcast Spectacor, L.P., Philadelphia Flyers, L.P., the National Hockey League and the venue where the Event is held and their respective parents, subsidiaries and affiliates and the employees, agents, owners, officers, directors and partners of each of the above (collectively, "Releasees"), of and from any and all claims, actions, causes of actions, demands, rights, damages, costs, expenses, lost wages and loss of services of any kind whatsoever for personal injury (including death) and/or property damage, known or unknown, which may result from my child's participation in, preparation for, or any other activity/ies associated with the Event, and whether arising before, during or after such activity/ies. I further covenant not to sue any of the Releasees for or on account of any such injury(ies).

I hereby acknowledge that my child is physically and mentally capable of participating in the Event and the activities associated therewith. Furthermore, I am familiar with the risks incidental to participation in such events, assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of any of the Releasees or otherwise, while in or upon the premises in which the Event is taking place and while for any purpose participating in the aforementioned activities, and hereby expressly waive, release and forever discharge all Releasees of and from any and all claims of any nature which may be occasioned by participation in the Event and activities related thereto.

In further consideration of the publicity afforded to my child as a participant in the Event, I hereby grant permission to the Releasees to use my child's picture, name, likeness and/or voice in any and all manner and media (including but not limited to the internet) throughout the world in perpetuity for the purpose of publicizing my child's participation in the Event and any activities related thereto and for marketing, promoting or advertising the Releasees, without fee or payment of any kind, and hereby release all of such parties from any claims that I/we may have for invasion or violation of rights of privacy, rights of publicity or any other cause of action arising out of such usage. I hereby waive any right to pre-approve usage of my child's picture, name, likeness or voice before release or publication and agree that any such usage may be edited in the sole discretion of the Releasees.

**I also hereby agree to promptly submit my child's school report card(s) as a condition of acceptance and continued participation in the program, and further authorize the Ed Snider Youth Hockey Foundation to obtain information concerning my child's school grades directly from the Board of Education or other entity having jurisdiction over any school that my child attends. I hereby waive any claim I might otherwise have arising out of the manner in which the Releasees utilize any of the above-referenced information pertaining to my child's school grades.**

I represent that I am the parent or legal guardian of \_\_\_\_\_ and that we both shall be bound hereby. (Name of Child)

Signed this \_\_\_\_ day of \_\_\_\_\_, 2018.

**Signature:** \_\_\_\_\_

### **Signatory Information (Person Completing Form - Please Print):**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_