



**2017-2018**  
**PENN TRAFFORD**  
**DEVELOPMENTAL ICE HOCKEY**

This program is for players born in 2005 through 2008.

---

**Open Skate/Registration: Monday October 2nd**

@ Center Ice Arena in Delmont from 5:20–6:20.

**Late Registration: Monday October 9th**

@ Center Ice Arena in Delmont from 5:20-6:20.

---

**Program Runs October – February**

- Weekly Practice – Mondays from 5:20–6:20 – Starts October 9th.
- Combination of games and practices Oct. – Feb.
- \$250 Due at Registration and \$150 Due 12/5 – Please make checks payable to (PTSHHC).
- \$60 for jersey and socks \$10 for socks only

Player's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USA Hockey Registration Number: \_\_\_\_\_

Jersey # Preference: A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ Jersey Size: \_\_\_\_\_ Sock Size: \_\_\_\_\_

Grade (2017-2018 School Year): \_\_\_\_\_ School Attending (2017-18): \_\_\_\_\_

Years In Hockey: \_\_\_\_\_ Other Ice Hockey Clubs: \_\_\_\_\_

Interested in Coaching: \_\_\_\_\_ Clock/Penalty Box: \_\_\_\_\_ Help Manager: \_\_\_\_\_

To guarantee you receive all program information, please provide your contact info to  
Kristin Thatcher (kathatcher99@gmail.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 responsibility 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