



DATE PAID _____

8 U Registration Form 2024-2025

October 14th, 2024 - March 6th, 2025



Practice on Mondays 5:00pm - 6:00pm

Cost Player: \$225 Siblings: \$175 Goalies: \$175 Jerseys: \$25

USA Hockey # \$ Depends on age membership.usahockey.com

ALL player must have there USA Hockey # before entering the ice on October 14th, 2024

NAME: _____ **D.O.B:** _____

USA HOCKEY # _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENT NAME: _____ **#** _____

EMERGENCY CONTACT: _____ **#** _____

RELEASE OF LIABILITY

I understand that there are certain dangers inherent in playing ice hockey and/ or ice skating, which include but are not limited to injuries from contact with other players/skaters, sideboards, goals, the ice, the puck and equipment. In consideration of being allowed to participate and use the facilities of the Southern Oregon Ice Arena, LLC, dba The RRRink. I individually and for all others who make claim based on injury to me, accept and assume the risk of all personal injury and property damage the fully release, discharge, hold harmless and agree to indemnify the Southern Oregon Ice Arena, dba The RRRink and all employees and agents from any liability, claims or damage to me for any personal injury and damage to property which may occur while I am at Southern Oregon Ice Arena LLC, dba The RRRink. I understand that the purpose and intent of this RELEASE is to prevent me, and others who claim through me, from recovering any money from the Southern Oregon Ice Arena, dba The RRRink and its employees for any activities at the Southern Oregon Ice Arena LLC, dba The RRRink. I have read and understand the responsibilities I have assumed herunder.

The release covers from October 14th, 2024 through March 6th, 2025

PARENT SIGNATURE: _____ **DATE:** _____

PRINT NAME OF PARENT: _____ **DATE:** _____



DATE PAID _____

Registration Form 2024-2025

October 14th, 2024 - March 6th, 2025

Practice on Mondays

6:00-7:00



Scrimmage on Thursdays

5:30-6:30

Cost Player: \$500 Siblings: \$400 Goalies: \$400 Jerseys: \$25

USA Hockey # \$ Depends on age membership.usahockey.com

ALL player must have there USA Hockey # before entering the ice on October 14th, 2024

NAME: _____ **D.O.B:** _____

USA HOCKEY # _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENT NAME: _____ **#** _____

EMERGENCY CONTACT: _____ **#** _____

RELEASE OF LIABILITY

I understand that there are certain dangers inherent in playing ice hockey and/ or ice skating, which include but are not limited to injuries from contact with other players/skaters, sideboards, goals, the ice, the puck and equipment. In consideration of being allowed to participate and use the facilities of the Southern Oregon Ice Arena, LLC, dba The RRRink. I individually and for all others who make claim based on injury to me, accept and assume the risk of all personal injury and property damage the fully release, discharge, hold harmless and agree to indemnify the Southern Oregon Ice Arena, dba The RRRink and all employees and agents from any liability, claims or damage to me for any personal injury and damage to property which may occur while I am at Southern Oregon Ice Arena LLC, dba The RRRink. I understand that the purpose and intent of this RELEASE is to prevent me, and others who claim through me, from recovering any money from the Southern Oregon Ice Arena, dba The RRRink and its employees for any activities at the Southern Oregon Ice Arena LLC, dba The RRRink. I have read and understand the responsibilities I have assumed herunder.

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PARENT SIGNATURE: _____ **DATE:** _____

PRINT NAME OF PARENT: _____ **DATE:** _____

Parent Code Of Conduct 2024-2025

Do NOT force your children to participate in sports but support their desires to play their chosen sports. Children are involved in organized sports for their enjoyment. Make it fun!

- **Encourage your child to play by the rules. Remember, children learn best by example, so applaud the good plays by both teams.**
- **Do not embarrass your child by yelling at players, coaches, or official**

Signature_____ Date_____