



U.S.EWHA PowerHockey™
Minnesota PowerHockey™ League
Player Registration Form (2010)

To register to participate in the MPHL please complete the form below. When finished, select Print to mail or submit your registration in person.

Player Information

First Name: _____ Last Name: _____

Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Email: _____

Parent/Guardian Information – Ages 13 to 18 (If applicable)

First Name: _____ Last Name: _____

Home #: _____ Cell #: _____

Email: _____

Player Eligibility Notice:

To participate in the MPHL players must:

- medically require the use of a power wheelchair in daily life
- display cognitive ability to understand and follow basic hockey rules
- be age 13 or older by May 8th, 2010
- be independent in aspects of personal cares or be accompanied by their own caregiver/assistant
- complete and sign *Insurance Liability / Media Release Form*

*Participants ages 13-15 must be accompanied by an adult (ie. family, guardian or caregiver).

Registration Fee: \$30 for entire season. Please make checks payable to U.S.EWHA.

Disclaimer:

The MPHL is a co-ed competitive recreational sports league for teens and adults. The teams are managed by player-captains, no licensed coaches are involved. Playing time in each game is not guaranteed. Protective equipment (such as pads/helmet/eye protection) is optional and is the responsibility of each player.

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY and MEDIA RELEASE FORM

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and US Electric Wheelchair Hockey Association _____ such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, US Electric Wheelchair Hockey Association _____ its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
 Signature Participant's Name (PLEASE PRINT CLEARLY) (Month/Day/Year)

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
 Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

X _____
 Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

DISABLED SPORTS USA MEDIA RELEASE FORM

Name _____ DOB _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA (DS/USA) to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X _____
 Participant Signature (Month/Day/Year)

FOR PARTICIPANTS UNDER THE AGE OF 18

X _____
 Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

X _____
 Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)