



TRYOUT CONSENT FORM

Skater

Address

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D.O.B. Phone

Name of parent (if skater is under 18)

Doctor Phone

Address

Medical conditions which may affect my playing in-line hockey

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How did you find out about inline hockey?

I AM AWARE THAT INLINE HOCKEY IS A 'HIGH RISK' SPORT. ROCKY SKATE CLUB INC HAS INFORMED ME OF THE RISKS INVOLVED AND THE TERMS AND CONDITIONS OF PLAYING INLINE HOCKEY. I ACKNOWLEDGE THAT I FULLY UNDERSTAND THE RISKS INVOLVED AND I AGREE TO ABIDE BY THE TERMS AND CONDITIONS AS EXPLAINED TO ME.

I ACKNOWLEDGE THAT THE ORGANISERS AND THEIR AGENTS HAVE TAKEN REASONABLE STEPS TO ENSURE THE SAFETY OF MYSELF AND MY BELONGINGS. I UNDERSTAND THAT THE ORGANISERS AND THEIR AGENTS CANNOT ACCEPT RESPONSIBILITY FOR INCIDENTS INVOLVING MYSELF AND/OR MY BELONGINGS. ACCORDINGLY I HEREBY INDEMNIFY THE ORGANISERS AGAINST ANY CLAIM FOR INJURY/ILLNESS TO MYSELF AND/OR LOSS OR DAMAGE TO MY PROPERTY WHICH MAY ARISE AS THE RESULT OF AN INCIDENT OCCURRING DURING FIXTURES OR TRAINING OR ANY OTHER SESSIONS.

IN THE EVENT OF INJURY OR ILLNESS, I HEREBY AUTHORISE WHOEVER IS IN CHARGE TO SEEK MEDICAL ATTENTION FOR MYSELF/SON/DAUGHTER (INCLUDING EMERGENCY TRANSPORT) SHOULD IT BE CONSIDERED NECESSARY.

I HAVE READ, ACKNOWLEDGED AND AGREE TO THE ABOVE STATEMENTS.

SIGNED: DATE:
(SKATER - PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE)