

Washington Borough Recreation Department NJ Devils Street Hockey 2018

\$50 NON-Refundable Registration Fee

Make checks payable to Borough of Washington

* Fees Apply for all Boro Administered Programs up to and including the 2nd child (50% for 3rd child and no fee for 4th child and beyond)

REGISTRATION DEADLINE DECEMBER 15TH

Shirt Size: S M L XL Adult or Child

PLEASE PRINT CLEARLY:

Player's Name _____ Male _____ Female _____

Date of Birth _____ Age _____ Grade _____ Phone # _____

Parent or Guardian Name _____ Email _____

Home Address _____ City/State _____ Zip Code _____

THIS INFORMATION IS IMPORTANT!!

PHYSICIAN _____ PHONE# _____

DENTIST _____ PHONE # _____

EMERGENCY CONTACTS:

1. _____ PHONE # _____

2. _____ PHONE # _____

LIST ANY ALLERGIES/MEDICAL CONDITIONS OR OTHER INFORMATION THE COACHES SHOULD BE AWARE OF:

*******VOLUNTEERS ARE ALWAYS NEEDED !!*******

I am willing to (circle one) coach assistant coach team mom/dad referee

Circle level of NYSCA certification held and indicate in which sport(s) certification is held: LEVEL 0 1 2 3 Lifetime Sport(s) _____

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return any equipment issued to us and/or our child in as good conditions as issued, except for normal wear and tear or agree to pay replacement costs before we and/or our child will be eligible for future participation in Boro sponsored activities

PARENT/GUARDIAN/PARTICIPANT PERMISSION: If I, or the emergency contacts cannot be reached by phone I DO give my permission for the coaches to call a doctor, and have my child sent to the hospital or doctor's office in case of an emergency.

PARENT/GUARDIAN

DATE

Washington Borough Recreation, 100 Belvidere Avenue; Washington, NJ 07882 www.washingtonboro-nj.org

Office Use Only - Fee paid \$ _____ Check #: _____ Received by: _____ Date: _____

**Washington Borough Recreation
Parent Consent to use of Child's
Images on the Washington Borough Website**

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families ***no identifying information (name, age, etc.) will be included with any child's picture.***

Consent to use of child's Image on Washington Borough Web Site, Please check one box

Yes, the undersigned parent or legal guardian of _____ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting: RecSecretary@washingtonboro-nj.org (908) 689-3600 ex 136_.

No, the undersigned parent or legal guardian of _____ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

PARENT CODE OF CONDUCT

New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Borough Recreation Department has established the following code for parents.

I will show respect and good sportsmanship to all players, opposing players, coaches, referees and spectators. I will remind my child and members of my family not to be angry and critical towards players, coaches, referees or spectators and to show respect and good sportsmanship at all times. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I will not strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another person, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, firearms or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will not smoke or use any tobacco products at any game or practice. I pledge that my child is not using dietary supplements that could jeopardize his or her health.

By registering my child for the team, I have made a commitment for my child to attend practices and games and display good sportsmanship. I cannot expect my child to receive as much playing time as other players if I do not meet these commitments. I recognize that every child needs playing time and do not expect my child to play every minute of every game.

I understand that I can be immediately removed from a practice or game, and that I and/or my child can be expelled from the team for the remainder of the season, if I behave poorly or fail to follow any part of this pledge. I understand that failure to sign this document and the accompanying PLAYER CODE OF CONDUCT will automatically preclude my child from participating in sporting activities sponsored by the Washington Borough Recreation Department.

Parent / Legal Guardian Name Signature

Date

PLAYER CODE OF CONDUCT

New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Boro Recreation Department has established the following code for players.

I am playing sports because it is healthy and fun. I will always try to help my team be successful, but I also understand that losing can teach me valuable lessons, just as winning does. I will come to all games and practices full of enthusiasm, ready to learn, to improve my skills, and to try my hardest. By registering to play for this team, I have made a commitment to attend practices and games and display good sportsmanship. I understand that I cannot expect to receive as much playing time as other players if I do not meet these commitments. I also recognize that every child needs playing time and do not expect to play every minute of every game.

I will show respect and good sportsmanship to my fellow players, opposing players, coaches, referees and spectators. I will remind my family not to be angry and critical towards players, coaches, referees and spectators and to show respect and good sportsmanship at all times. I will try my best not to sound angry or frustrated when I give advice to my teammates. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I also will not slam a ball or container, strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another player, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, guns or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will also remind members of my family not to use tobacco products or alcohol during any game or practice. I also pledge that I will not take any dietary supplements that could jeopardize my health.

I understand that I can be immediately removed from a practice or game, and expelled from my team for the remainder of the season, if I behave poorly or fail to follow any part of this code of conduct. I also understand that if I and my parent do not sign this document, I will not be allowed to play on the team.

Player's Signature

Parent / Legal Guardian Signature

MY CHILD AND I HAVE READ AND OUR FAMILY AGREES TO ABIDE BY THE WASHINGTON BOROUGH CODES OF CONDUCT.

**NHL STREET
PARTICIPANT RELEASE, DISCHARGE,
WAIVER AND COVENANT NOT TO SUE**

In consideration of _____

(Full name of participant)

(the "Participant") having been provided the opportunity to participate in the NHL STREET Program (the "Program") and, in connection therewith, to use the street hockey equipment that is being provided by

Washington Borough Recreation Commission

(legal name of school/community center)

(the "Program Center") and **New Jersey Devils LLC** (the "Club Owner"), which is a member club of the National Hockey League (the "NHL") and owns the **New Jersey Devils** (the "Club"), the Participant and his/her parent or guardian hereby voluntarily agree as follows:

RELEASE FROM LIABILITY AND COVENANT NOT TO SUE. Each of the Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release and discharge the Club Owner, the Club, the National Hockey League (the "NHL"), the Program Center and each sponsor and promoter of the Program or any part thereof and each of their respective parents, subsidiaries, partnerships, stockholders, owners, governors, partners and other affiliates (including, but not limited to, each of the member clubs of the NHL, NHL Enterprises, L.P., NHL Enterprises Canada L.P., NHL Enterprises B.V. and NHL Interactive CyberEnterprises LLC), and each officer, director, governor, shareholder, employee, other official, representative and agent of each of the foregoing, and all of the foregoing's respective successors and assigns (collectively, the "Releasees"), from, and waive in respect of each Releasee and covenant not to sue any Releasee for, any and all liabilities, losses, damages, costs, expenses (including, but not limited to, attorneys' fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage to or loss of property of, the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the Program or travel to or from the Program Center. Such release, discharge, waiver and covenant not to sue shall include, but not be limited to, any and all such Liabilities caused in whole or in part by the negligence of any Releasee in connection with such Releasee's involvement with the Program (for example, in connection with such Releasee's training of Program Center personnel or provision of or failure to provide protective equipment or failure to require that protective equipment be worn.).

PARTICIPANT ASSUMES RISK. Each of the Participant and his/her parent or guardian is aware of and understands the inherent risks and dangers of street hockey and the potential for injury that exists when participating in this activity, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the Participant arising from, based upon or relating to the Participant's participation in the Program. Such assumption of risk includes, but is not limited to, any personal injury or death, or damage to or loss of property, arising from, based upon or relating to the lack of skill of any Participant, the improper conduct of any Participant and the acts or omissions of any referee, coach or supervisor, and any personal injury or death, or damage to or loss of property, caused in whole or in part by the negligence of any Releasee. Each of the Participant and his/her parent or guardian understands and agrees that, in the event of any injury to Participant, none of the Releasees will be responsible for any decisions relating to medical treatment for Participant or for such treatment itself.

RIGHT OF PUBLICITY. Participation in the Program shall constitute permission to use the name, likeness or any other identification of the Participant for advertising, publicity, instructional or any other purposes in connection with the Program or the business of any of the Releasees, in any medium, at any time and from time to time, without compensation to or right of prior review or approval by the Participant or his/her parent or guardian. Each of the Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release and discharge each Releasee from, to waive in respect of each Releasee, and not to sue any Releasee for, any and all Liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of right of publicity, defamation or appropriation, or any similar claim, in connection with any such use.

Page 2 of this form MUST be completed.

NO OBLIGATION OF RELEASEES. None of the Releasees shall have, or be deemed to have, any obligation to the Participant or his/her parent or guardian hereunder or otherwise in connection with the Program, including, but not limited to, with respect to the continued provision of equipment and continuation of the Program at the Program Center or otherwise.

MISCELLANEOUS. This release, discharge, waiver and covenant not to sue shall be governed by and construed in accordance with the laws of the State of New York, without reference to the conflict of law provisions thereof. If any portion of this Release, Discharge, Waiver and Covenant Not To Sue shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

REPRESENTATIONS. Each of the Participant and his/her parent or guardian states that he/she understands that neither the Club Owner, the Club, the NHL, nor any of its member clubs, is the owner or operator of the Program Center. Each of the Participant and his/her parent or guardian further states that the Participant is in good physical condition, is physically fit to participate in the Program and is not subject to any medical condition that poses or may pose any risk of harm or disability to others.

Name of Participant(Please Print): _____

Address _____ **City** _____ **Zip Code** _____

Signature of Participant: _____ **Date:** _____

PARENT/GUARDIAN MUST COMPLETE:

I affirm that I am the Parent or Legal Guardian of the Participant with authority to give this authorization to his/her participation in the Program and confirmation of the above agreement. I agree to indemnify the Devils, Program sponsors, and the NHL and their successors, and assigns from and against any liability arising out of any claim of any invalidity of this affirmation.

PARENT/GUARDIAN:

Name (Please Print): _____

Address _____ **City** _____ **Zip Code** _____

Phone # _____

Signature : _____ **Date:** _____

***Name of Witness** _____

Signature of Witness _____ **Date:** _____

*** A Coach, Assistant Coach or Recreation employee can witness signatures.**