

Gonzaga Exceptional Bulldogs Hockey  
Athlete Registration Form 2021-22 Season  
**DUE SEPTEMBER 20, 2021**

1. Register with GEBH and return form to [gonzagaexceptionalbulldogs@gmail.com](mailto:gonzagaexceptionalbulldogs@gmail.com)
2. Register with USA Hockey (~\$55) <https://membership.usahockey.com/register/age>
3. Register with SAYHA
4. Questions? Email: [christyk03@gmail.com](mailto:christyk03@gmail.com)

Athlete Name: \_\_\_\_\_ M / F Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

(these will help us determine the size of player jersey to assign)

Address/City/State/Zip: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Tel/Cell #1: \_\_\_\_\_ Tel/Cell#2: \_\_\_\_\_

Email1: \_\_\_\_\_ Email2: \_\_\_\_\_

(Team communication will be sent to emails above)

Please provide a short description of athlete's disability and challenges. Are there special communication models that the player uses? This information is private and only used by the Gonzaga Coaching Team to better teach and connect with each athlete.

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*Risk of Serious Injury: I, as parent/guardian understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my child participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, when registering for American Special Hockey Association, I have read, understand, and agree to the Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement. I therefore, Waive, Release and Hold Harmless, Gonzaga Exceptional Hockey and all persons acting on its behalf including the directors, officers, coaches, managers, and volunteers from any and all liability from bodily injury or property damage resulting from participation in any activities of Gonzaga Exceptional Hockey. I also understand that I am required to be in attendance at all practices, games, and any other event that my child is participating in with Gonzaga Exceptional Hockey so that I as the parent/guardian have full responsibility to secure medical assistance and treatment in case of an emergency while \_Easton Anderson\_ is participating in Gonzaga Exceptional Hockey activities.*

*In any unforeseen circumstances, I, as parent or guardian of the athlete participant, or for myself as an adult participant, give my consent to Gonzaga Exceptional Hockey and any approved medical representative to obtain medical care, for any injury that may arise from participation Gonzaga Exceptional Hockey events or other hockey events where Gonzaga Exceptional Hockey, and other teams are allowed to participate.*

*In registering my child, I grant Gonzaga Exceptional Hockey the right to use photographs, videotapes, voice and words of my child for use in materials they create for public display and/or distribution, without compensation to either player or parent/guardian. I understand and agree to respect all these conditions of participation and in American Special Hockey Association sanctioned programs.*

***I also understand that as a parent/guardian that I am expected to participate in Gonzaga Exceptional Hockey fundraising and volunteering activities.***

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Athlete's Signature (if 18 or over)** \_\_\_\_\_ **Date** \_\_\_\_\_