

## USING THE NEW PDF FORMS

- Fill in each highlighted space. Once you fill in a space, press 'TAB' to move onto the next one or use your mouse to click on it.
  - If the spaces are highlighted, you can hit the 'Highlight Fields' button in the top right corner.



- All red fields are required.

PARTICIPANT NAME (PRINT)

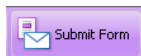
- When completed online, any signature lines please re-type your name. Checking the terms of agreement box will act as your signature.

PARENT OR GUARDIAN SIGNATURE  
(If Participant is 17 years of age or younger)

Date Signed

I have read this agreement and agree to all the provisions contained above. I also agree that I am 18 years of age or older.

- Once you have completed the form, hit the 'Submit Form' button in the top right corner. Some versions of Adobe reader may have an 'Email' button as well on the form. Either button will work.



If you have any problems with the new forms, please send me an email, [therman@elpasohockey.org](mailto:therman@elpasohockey.org).

Forms can still be scanned and emailed in or faxed to 915-313-7964.

Thanks,

Tom Herman  
Director of Youth Hockey  
El Paso Hockey Association  
4100 East Paisano  
El Paso, TX 79905  
915-479-PUCK (7825)  
[therman@elpasohockey.org](mailto:therman@elpasohockey.org)





**EL PASO RHINOS  
2009-2010 Travel Season  
Tryout Form**

**Player's Name** \_\_\_\_\_

**Team To Be Trying Out For**    SQ\_\_\_\_PW\_\_\_\_BN\_\_\_\_MT 16U\_\_\_\_MT 18U\_\_\_\_

**DOB(mm/dd/yyyy)** \_\_\_\_\_ **Gender**    M    F

**Player's Email** \_\_\_\_\_ **Player Cell** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Position** \_\_\_\_\_ **Shoots/Catches (R/L)** \_\_\_\_\_

**Last Team Played For** \_\_\_\_\_ **Coach** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_ **Other** \_\_\_\_\_

**P/G Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**P/G Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**P/G Email** \_\_\_\_\_

**P/G Email** \_\_\_\_\_

We (player and parent), the undersigned do hereby agree:

- To play for the El Paso Hockey Association Rhino Travel Ice Hockey Team for the 2009-2010 USA Hockey and TAHA hockey season.
- To abide by the constitution, rules and bylaws of the El Paso Hockey Association, USA Hockey and Texas Amateur Hockey Association.
- To be available for all games, tournaments, practices, team meetings and activities of the team.
- To contact the team manager or coach, in advance, in the event of a schedule conflict with an above event.

I understand if a payment is missed a player/parent has 30 days to pay, if payment balance exceeds 30 days player will not be allowed on the ice until payment is made. If payment exceeds 60 days player will be turned in to USA Hockey, players turned into USA Hockey will not be able to register with USA Hockey until payment is made to local Association.

Further, we realize the El Paso Hockey Association is a not for profit 501C3 organization and has established this program for the benefit of the children and young adults in West Texas. We therefore agree to hold **no** party connected with the team, the sponsors, EPHA, TAHA or USA Hockey responsible for injury during the normal pursuit of team activities.

**Player's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**El Paso Hockey Association  
Waiver of Liability, Release  
Assumption of Risk & Indemnity Agreement**

**For and in consideration of participant's registration with the El Paso Hockey Association, Inc., its Affiliate, Regional Association, and member team (hereafter EPHA) and being allowed to participate in EPHA events and member team activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in EPHA events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.**

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. It is further acknowledged that there may be risks and dangers now known to us or are not reasonably foreseeable at this time. I/We agree to abide by and be bound under the rules of the EPHA, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to EPHA members upon written request.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever of wherever made or presented for participant's personal injuries, property damage or wrongful death.

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releasees. "Releasees" include the Interscholastic Hockey Association, Inc., the El Paso Hockey Association, its Affiliate Associations, Local Associations, Member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to the EPHA's secondary insurance policy, which could affect any coverage under our policy. Read your brochure carefully and contact the EPHA or a District Risk Manager if you have questions.

\_\_\_\_\_ Age \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_ Date Signed \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(If Participant is 17 years of age or younger)

\_\_\_\_\_ I have read this agreement and agree to all the provisions contained above. I also agree that I am 18 years of age or older.