



COOK ICE ARENA
2010 3 ON 3 HOCKEY REGISTRATION FORM

NAME: _____ AGE: _____ BIRTHDATE: ____/____/____ M F

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: (____) _____ EMAIL: _____

09-10 Minn. Hockey Age Classification: (Please Circle) Mite/U8 Squirt/U10 Peewee/U12 Bantam/U14

AMOUNT ENCLOSED: \$ _____ Team name and level _____

Please complete the signature/waiver portion on the back!

DESCRIPTION

Players will enjoy fast paced action to develop and maintain the speed and skills needed for today's hockey. This is a great post season activity for players wanting to enjoy hockey in a fun, shorter, fast paced game with the variety of challenges that 3 on 3 presents. 3 on 3 is a fast paced game where each player has an opportunity to work on his/her stick handling, passing, shooting and skating skills.

The buzzer will sound every minute for line changes.

NOTES

1. **Full protective equipment required**
2. **No off sides**
3. **No icing**
4. **No checking. Checking will result in a penalty shot for the opponent. A second infraction will result in game ejection. Three checking infractions may result in expulsion from all remaining games.**
5. **When a the goalie freezes the puck or a goal is scored the puck will be played from behind the net to resume play. There will be no whistle!**
6. **These divisions follow current Minnesota District 10 Age Classifications. Skaters will not be allowed into different age classifications without arena approval!**
7. **Girls and boys play in the same age classifications.**
8. **All sessions will be supervised.**
9. **No registration refunds after the second game**
10. **Contact Craig Scott, Cook Arena Manager for more information at 763-421-5035.
Email-cscott@coonrapidsmn.gov Website-www.cookicearena.com**

JOSEPH COOK MEMORIAL ICE ARENA

WAIVER AND PERMISSION TO PROVIDE MEDICAL CARE

As the participant or parent/guardian of the participant in activities at Joe Cook Arena, I hereby understand and agree:

1. I will inspect the facilities and equipment before participating and notify arena staff if I believe something is unsafe or in need of repair. I will not participate if I believe something is unsafe.
2. I realize that everyone participating in arena activities is doing so voluntarily and that the activities involve the risk of injury, including serious injury or death. I understand that I may be injured because of something I do or fail to do or by something someone else does or fails to do. I accept that the all of the risks of injury may not be reasonably foreseeable by arena staff.
3. I assume all of the risks in paragraph 2 as a condition of participation and accept responsibility for the costs and damages of any injury that may occur to me.
4. I unconditionally release, waive and consent not to sue Joe Cook Arena, the City of Coon Rapids, their officers, directors, administrators, agents, coaches, employees or volunteers. I also release, waive and consent not to sue the agency sponsoring the activity, arena sponsors, advertisers or any other agent for any and all liability to the undersigned, heirs and next of kin. This release is for any claims or losses on account of injury, including death, or damage to property, while participating in official or unofficial activities, events or competitions at the arena.
5. I understand that Joe Cook Arena and the City of Coon Rapids may use, without compensation, my photograph, likeness, name or voice for promotional materials, television, radio or film coverage of arena activities.

Permission to provide medical care:

I request that the coaches or arena staff seek medical care for diagnosis and treatment for any injury or illness I am absent or unable to do so. In case of injury or illness I authorize the coaches or arena staff to seek appropriate medical treatment and to call an ambulance when the coaches or arena staff believe it is necessary. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, dentists or other necessary medical personnel to provide any diagnostic treatment and procedures they believe necessary for appropriate treatment. I understand that Joe Cook arena does not guarantee the medical treatment provided. I accept full responsibility to pay for the costs of the medical treatment whether or not those expenses are covered by insurance.

I have read, understand and agree to the above waiver and grant my permission to provide medical care. I understand this waiver lasts until I revoke it in writing.

Dated:

Participant's Name (Print)

Participants Signature

Parent/Guardian Name (Print)

Parent/Guardian Signature

(Parent/Guardian signature required for all participants under 18 years of age.)