

PERMISSION FORM 2019



PLAYER'S NAME

Conditions of Enrollment - Cape Ann Hockey LLC

The Cape Ann Hockey program, in cooperation with the Peabody D.E.M. Rink, represent that the program be conducted as set forth in this form and the website: capeannhockeyschool.com, in that it will exercise due care for the health and welfare of each participant but assumes no responsibility for sickness, accidental injuries, or property loss of a participant.

Each participant must provide their own complete set of hockey equipment. Helmets with facemasks are required and mouth protectors must be worn. Each child will be given a jersey that must be worn daily.

I have read the above conditions and represent that said participant, _____(child's name), to the best of my knowledge is in good health, has had a recent (yearly) physical exam and is able to participate in the physical activity of a vigorous on and off ice instructional hockey program.

I have included a copy of my child's recent physical and immunizations forms.

PARENT SIGNATURE

DATE