

# Player Contract for the 2019-2020 Season

## Buffalo Bison Hockey Association

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(First) (Last) (Month) (Date) (Year)

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Agreement with the Buffalo Bison Hockey Association, Inc. hereinafter called the BBHA, Inc. I will obey the Rules of the BBHA, Inc. and the New York State Amateur Hockey Association (NYSAHA). I will wear NYSAHA approved protective equipment and return all equipment that may be issued to me.

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

### PARENTAL AUTHORIZATION

The undersigned parent(s) or guardian of the above-named player, in consideration for membership in this association and consideration for the use of the facilities and equipment of the BBHA, Inc., agree to the following conditions of membership.

1. We will comply with the rules and regulations of the BBHA, Inc. and the NYSAHA as regarding my child's participation in any and all activities of the BBHA, Inc. program, including volunteering, fundraising and any other activity denoted as mandatory by the organization. We will also abide by the Buffalo Bison Hockey Parent Code of Conduct. We are here to support our children and advocate good sportsmanship.
2. We (I) assume all risks and hazards incidental to such participation, including transportation to and from such activities and waive any claim for injuries sustained by our (my) child while participating or traveling in connection with the BBHA, Inc. program.
3. RISK OF SERIOUS INJURY (Consent to Participate Requirement of USA Hockey). We (I) 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 the risk, the risk of serious injury does exist. By my/my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, agree to the Waiver of Liability, Release and Indemnity Agreement provided to us (me) by our team manager.
4. We agree to pay all fees and participate in all fund raising activities necessitated by our (my) child's participation in BBHA programs.
5. Effective April 1, 2014 every Bison Hockey player is required to register online with USA Hockey for the upcoming 2019-2020 season. Upon completion each player needs to register online with Bison Hockey through the Sport NGIN software on the Bison Hockey website [www.bisonhockey.net](http://www.bisonhockey.net)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Method of Program Fee Payment – Two Options – Choose One (X)

- Online Payment** – Payable by Credit Card – 4 Payments (25%) between April '20– July '20
- Manual Payment** – Payable by Check – Full Payment Amount Due by **June 1, 2020**