

TIER 1/2 PLAYERS



SPRING/POST SEASON 2024 COMPUWARE YOUTH HOCKEY'S PLAYER/PARENT AGREEMENT and WAIVER

PLAYER CONSENT

I agree to play in Compuware Youth Hockey [CYH] and will be an active participant in every scheduled game, practice, and team function to the best of my ability. I further agree to abide by all bylaws, rules, and policies of Compuware Youth Hockey, the Michigan Amateur Hockey Association ("MAHA"), and USA Hockey.

PARENT OR GUARDIAN AGREEMENT AND WAIVER

I am the parent/legal guardian of the named player and agree to the terms and conditions set forth in this Agreement and Waiver. I agree to assume all risks and hazards associated with my child or charge playing the sport of ice hockey and/or ice skating. This includes travel to and from games and activities associated with the Compuware Youth Hockey team. I waive, release, absolve, indemnify and agree to hold harmless Compuware Youth Hockey, its owners, officers, directors, sponsors, supervisors, coaches, assistant coaches, governors, managers, and other participants and persons associated with Compuware Youth Hockey and USA Hockey Arena for any and all claims arising out of any injury to my child or charge suffered during any Compuware Youth Hockey event or activity.

I, the parent/legal guardian of the named player, acknowledge that we have read the USA Hockey Member Registration: (1) 'Concussion Information and Acknowledgement'; (2) the Waiver of Liability, Release Assumption of Risk & Indemnity Agreement' including those statements on communicable disease, germs, bacteria, viruses or infections, including without limitation the virus responsible for COVID-19; and, (3) the 'Acknowledgement of USA Hockey Safe Sport Policies'.

I further understand that in accordance with Compuware Youth Hockey rules, all dues and/or fees must be paid on or before the due date. Nonpayment of any dues and/or fees will result in my child or charge's immediate suspension from the team as well as the immediate termination of all membership privileges.

I understand my financial obligations. Projected player fees for the season (April 1 through May 31) are \$ _____ based on _____ players on the team.

With _____ or without _____ equipment/spirit wear (check one).

In addition, I authorize Compuware Youth Hockey and its representatives to arrange, obtain and approve any emergency medical attention deemed necessary for the health and well being of the above-named player due to injuries sustained during any Compuware Youth Hockey event or activity. I also understand and acknowledge that I am responsible for any medical expenses, including those which are not covered by my insurance provider.

I hereby release, absolve and hold harmless USA Hockey Arena and Compuware Youth Hockey for any injury sustained while on the property of the facility while attending or participating in any team event or activity.

AGREED

I/We have read this Agreement and Waiver in its entirety, understand, accept, and agree to all of the terms and conditions stated herein. Both signatures required.

signature of parent

signature of player

date

printed name

printed name