

HealthQuest Sports – Street Devils Floor Hockey

Participant's Name: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____ Zip _____

Cell Phone #: _____ E-Mail Address: _____

_____ HQ Member _____ Guest Previous Hockey experience (none necessary): Y / N

Division 1 (ages 10-14): _____ -or- Division 2 (ages 6-9): _____

T-Shirt Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____

\$100.00 per player

HealthQuest and the New Jersey Devils are proud to invite you to participate in the 2017 fall Street Devils floor hockey program. The season will run during the fall from September 27th to November 18th. All games are tentatively scheduled to be played on Wednesday nights and Saturdays (we reserve the right to add times/days based on the number of participants). The New Jersey Devils and the National Hockey League have donated sticks, nets, balls and goalie equipment. You are responsible for recommended (but not required) helmets, shin guards, gloves and a mouthpiece. SNEAKERS are the required footwear to participate in this program. NO ROLLERBLADES OR ROLLER SKATES WILL BE PERMITTED. Participants will be notified via email with scheduling details and league updates. Due to the scheduling preparation needed, **registration must be turned in by September 23rd, 2017 or a \$25 late fee will be charged.** Please direct any questions to (908)-782-4009 x274.

Cancellation Fee: There will be a **\$25.00 cancellation fee** once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be submitted within 7 days of event and evidenced by a doctor's note.

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Signature of Parent/Guardian: _____ Date: _____

Method of Payment
(PLEASE CIRCLE)

Cash Check Credit Card Member Charge

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____