

IHA AZ High school Player Release Form

Coach(es) _____

AAU Club Code _____

AZHOYFEKCO

Player Name	Jersey number	AAU membership ID
Street address	City	State
Date of Birth / /	Age as of May 31st, 2010	Put an X on your grade level <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Home Phone	Cell Phone	E-mail address

Signature of legal guardians _____
Printed first and last names of both legal guardians **Dad** First _____ Last _____ **Mom** First _____ Last _____ **Other** First _____ Last _____

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The undersigned legal guardian/parent does hereby agree to hold harmless and indemnify, waive and release from all liability, loss, claim or damage all participating IHA AZ administrators, employees, participating rink facilities, managers & employees, officials, agents, coaches, and any other persons participating with the Inline Hockey Association of Arizona and the IHA AZ tournament series.