



**Cincinnati Cyclones Special Hockey
Registration & Player Information
2023-2024**

Player's Name: _____

DOB: _____ Gender (M/F): _____ Allergies: _____

Are there medical conditions the coaching staff needs to be aware of: (Y/N)? _____

If yes to above, please list: _____

Country of Birth: _____ US Citizen (Y/N): _____

Address: _____ City: _____ Zip Code: _____

Father's Name: _____

Primary E-Mail Address: _____

Primary Contact Phone Number: _____

Mother's Name: _____

Primary E-Mail Address: _____

Primary Phone Number: _____

Cincinnati Cyclones Special Hockey Player Release:

I acknowledge that ice skating and ice hockey can both be hazardous activities. I agree that the Cincinnati Cyclones Special Hockey program, USA Hockey, Mid-American Hockey Association, American Special hockey Association and all involved shall not be liable to me or my child for any injury or damage resulting directly or indirectly from my child's participation in this ice skating and hockey program, whether incurred on the ice or otherwise in or about the building. I further agree that I will not sue, arrest, attach or prosecute any said persons for any injury or damage and I release and discharge Cincinnati Cyclones Special Hockey and all involved for all actions, claims and demands that my child may have from any injury or damage. I authorize all coaching staff to have access to information pertaining to my child's medical conditions and/or allergies as listed on this document. I also hereby grant permission to the Cincinnati Cyclones Special Hockey program to use photographs and/or video of my child participating in events related to the activities of this program in publications, news releases, online, and in other communications related to the mission of the Cincinnati Cyclones Special Hockey Program.

Parent signature: _____ Date: _____