

TOURNAMENT APPLICATION FORM

Israel Recreational Hockey Association

www.israelhockeyassociation.com

11th Annual International Israel Recreational Ice Hockey Tournament
January 30 - February 2, 2017 -- Metulla, Israel

Please fill out the entire application. Incomplete applications will be returned.
For new players, please attach a **recent photo** of yourself so that we can greet you upon your arrival.

Personal Information:

Name: _____

Street address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Age: _____ Male Female

Home phone: _____ Work: _____ Cell: _____

Email address: _____

Team preference (note first and second choice): USA Canada Europe Israel

Hockey Jersey Size: S M L XL XXL T-Shirt: S M L XL XXL

Can you be counted on for a daily Minyan: Y N

Have you ever been to Israel? Y N When? _____

Would you be interested in an optional mixed game after the tournament: Y N

Please state any dietary or other restrictions (Tournament banquet will be kosher):

Ability:

Player Level A-E

(A) Advanced – Has above average skills and played high school, college or senior A or B league level hockey.

(E) Beginner – Some or no hockey experience with adequate skating abilities.

Check One: A () B () C () D () E ()

Additional Non-Players:

Non-player () Name: _____

Spouse: Y () N () Name: _____

Children over 5 and under 18: How many: _____ Names: _____

Emergency Authorization:

In the event of an emergency, I hereby give permission to the physician and/or hospital selected by the tournament organizers to secure proper treatment for, and to order injection and/or anesthesia and/or emergency care or surgery for the person named above should the emergency contact person not be available in a timely manner. I further understand that the tournament organizers are all volunteers and the sponsoring organization is a charity and will therefore not hold any tournament sponsors, organizers, Israel Recreational Hockey Association, Israhockey, The Canada Center, Dr. Danny Spodek or any individual responsible or liable in any way at any time.

Signature: _____ Date: _____

Emergency contact information:

Name: _____ Relationship: _____ Phone: _____

Name of Medical Insurance: _____ Policy/Group#: _____

Name of prescription drug plan: _____ Policy/Group#: _____

Drug allergies: _____

*Please note – Medical insurance coverage in Israel is required for all players. Please check your coverage for Israel.

Equipment Donation:

Do you have any new, used or old equipment you can donate to the Israel Recreational Hockey Association? Y () N ()

If YES, please bring it with you to the tournament. For larger equipment and apparel donations contact us at irha@live.ca for alternate arrangements.

Cost:

Tournament cost per player for applications received:

By December 15, 2016 US\$900
After December 15, 2016 US\$1100

Notes:

- Checks in US funds payable to “Israel Recreational Hockey Association - IRHA” can be sent to 4212 Promenade Blvd. Fair Lawn, NJ 07410-2779 U.S.A.
- To offset registration costs and help kids from underprivileged backgrounds play hockey: Donate to SICF, mention it's for hockey in Israel. The donation is tax-deductible in both the US and Canada www.ShilohIsraelChildren.org
- To offset registration costs and support Leket, a tax-deductible donation can be made to Leket Israel on our B'Simchas page at:
<http://bsimchas.leket.org/en/page/2017%20irha%20hockey%20tournament.aspx>
- For example, donate \$100 and receive \$70 off your tournament fee (up to a maximum credit of \$200 off the tournament fee). More generous donations will be gladly accepted as well.
- Sponsorship opportunities are available. Please contact us if your company is interested in sponsoring this event. Special registration discounts are available for sponsors.
- Non-players (spouse, friends, supporters, tourists, observers): \$200
- Please note that additional commemorative items are available for purchase. \$75 (Hockey jersey), \$15 (T-shirt), \$20 (Cap). Please specify number and sizes. _____

Cancellation fees:

\$50 processing fee for cancellation received by October 15, 2016
\$200 cancellation fee for cancellation received by January 1, 2017
\$300 cancellation fee for cancellations received after January 1, 2017

Note: Cancellations after October 15 will receive all tournament bag items. Donations cannot be refunded.

TOTAL COST: _____

Please contact irha@live.ca to email application and arrange payment.

Thanks for your application. Looking forward to seeing you in Israel for an exciting tournament,

Dr. Danny Spodek, Tournament Chairman, irha@live.ca

Assumption of Risk
Release and Waiver of Liability

I acknowledge and fully understand that Ice Hockey games and practices ("Ice Hockey") are potentially dangerous. I acknowledge and fully understand that I (or my child) will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses, which might result not only from my own actions, inactions, or negligence, but also from the actions and inactions or negligence of others, the rules of play, or the conditions of the premises or competition area or any equipment used, further, that there may be other risks not known to me or reasonably foreseeable at this time.

In consideration of being allowed to participate in Ice Hockey, I hereby agree, on behalf of myself or my minor child, as applicable, assigns, personal representatives and next of kin

1. To assume all risks associated with Ice Hockey by me or my child, as applicable, even if arising from willful, reckless, negligent, or gross negligent actions or inactions of others, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, and
2. To fully and finally release and waive any and all liability of the organizer, Daniel Spodek, any coach, any other player, Amutat IsraHockey and any and all of its respective employees and representatives, the Israel Recreational Hockey Association and any and all of its respective employees and representatives, the Canada Centre in Metulla, and any and all of its employees, representatives and agents ("Releasees") with the respect to all injury, disability, death or loss or damage to person or property associated with Ice Hockey whether arising from the negligence, recklessness or negligent actions or inactions by the foregoing or otherwise, and
3. Not to sue the Releasees for any loss, injury, costs of damages of any form or type, however caused or arising, and whether directly or indirectly from the participation by me or my child in Ice Hockey.
4. To indemnify, and to save and hold harmless the Releasees, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claims made against them or any one of them relating to participation by me (or my child) in Ice Hockey whether the claim is based on the recklessness, negligence or the gross negligence of the Releasees or otherwise.
5. To wear full ice hockey protective equipment, including 1) helmet (with full face protection if the participant is under 18 years old), 2) impact resistant cup, 3) knee/shin guards, 4) protective hockey pants, 5) shoulder pads and 4) elbow pads.
6. I have read this document thoroughly. I understand that the Releasees are relying upon my warranties, assumptions, waiver and release, undertakings and agreement when allowing me or my child to play Ice Hockey. I understand that by signing this document I give up substantial legal rights I and/or my minor child/ward would otherwise have. I signed this document voluntarily and without inducement.

Signature

Print Name of Participant

Print Name of Signing Parent (if participant is under 18)

Date

Emergency Contact 1:

Phone Number (h) (cell)

Emergency Contact 2:

Phone Number (h) (cell)