

- K. Authorize USA Hockey or The Portland Junior Hawks, Inc. and its member teams to utilize my name and/or photographic representation or that of my child/ward in the promotion of its programs; and,
- L. Recognize and accept the authority of the Board of Directors of The Portland Junior Hawks, Inc. to suspend my child/ward from participation should any of the above assertions prove to have been falsely made.

The Portland Junior Hawks, Inc. has adopted bylaws to govern the operation of a substantial portion of its activities. I have received a copy of those bylaws and have reviewed the same, and have been given an opportunity to ask questions and, if necessary, have those bylaws explained to me. I certify the following to be true and correct:

- a. The name of the player as set forth on this application;
- b. The age of the player set forth on this application;
- c. The date of birth of the player as set forth on this application;
- d. The permanent address of the player as set forth on this application;
- e. The grade level of the player as set forth on this application;
- f. The true and legal parent/guardian of the player as set forth on this application.

I hereby certify that the information contained herein is true and correct to the best of my knowledge including all medical information and I hereby authorize those in charge of the activities, if I am not present, to seek emergency medical assistance for my child/ward at my expense if, in their best judgment the situation warrants such assistance.

Parent Signature

Date