

## PLAYER / COACH RELEASE

Player or Coaches Name: \_\_\_\_\_\_

Team Name:	
We, the parent / guardian of the above child, hereby give our approval to his / hereby participation in the Christian J Ciskal Memorial Hockey Tournament for the weeker November 7th-10th, 2025, at the Kenneth J Meyers Recreation Center, located in Cheek Town Park, we assume all risks and hazards incidental to such participation and he waive, release, and absolve the Cheektowaga Youth & Recreational Services Department the Town of Cheektowaga, the organizers, sponsors, supervisors and participants from claim arising out of an injury to our son / daughter except to the extent covered by an or liability insurance.	nd of ktowaga ereby ent and om any
We certify that the information given above is true and correct.	
Parent or Legal Guardian Signature:	
Date:	