

Dominik Hasek Youth Hockey League, Inc.

2607 Niagara Street Buffalo NY 14207 (Riverside)

25 Cazenovia Street Buffalo NY 14220 (South Buffalo)

Phone: 716-875-4820 Web: www.haseksheroes.org

In 2001, economically underprivileged youth in Western New York became the recipients of an extraordinary gift from one of its greatest sports heroes: Dominik Hasek. Dominik's love for the sport of hockey and his great compassion for the youth of our region led him to give one of the greatest gifts an athlete has ever bestowed upon this community.

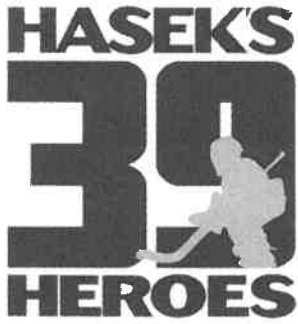
With a directive to create a developmental hockey program for economically disadvantaged youth in Buffalo, Dominik created the Hasek's Heroes program. Through Hasek's Heroes, underprivileged youth would have the equipment, ice time and coaching needed to play ice hockey. But beyond that, they would have a safe haven, role models, character development and team building skills, all of which could effectively change the future for hundreds of youth each year.

The vision of the organization is to use the game of hockey as a catalyst for children ages 4yrs -14yrs old to realize their full potential. Through participation in Hasek's Heroes, these children enjoy a safe, after-school and weekend activity with mentors and coaches who care about their well-being.

If you wish to enroll a player, please submit the following application to Hasek's Heroes either by email to IanT@haseksheroes.org or by mail to 2607 Niagara St Buffalo NY 14207.

Enrollment is on a first come, first serve basis and space is limited. If you are accepted and meet the financial requirements you will be contacted with more program details.

If you have any questions, please contact Ian Trudell at 716-875-4820 ext 103 or at iant@haseksheroes.org



Dominik Hasek Youth Hockey League, Inc.

Hasek's Heroes 2020-2021 Enrollment Form

Today's Date _____ **Program Location:** Cazenovia(Sun) _____ Riverside(Sat) _____

Player's Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ School: _____

Male: _____ Female: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Is the player registered with USA Hockey Yes _____ No _____

Has the player ever been registered with USA Hockey Yes _____ No _____

Is the player currently playing in another organization Yes _____ No _____ Org. _____

Has the player ever played in another organization Yes _____ No _____ Org. _____

Dominik Hasek Youth Hockey League, Inc.

Hasek's Heroes 2020/2021 Enrollment Form (Page 2)

Gross Family Income Per Year: _____ **Number of people in household:** _____

Ethnicity: (Please circle one)

Asian African American Hispanic Middle Eastern Native American Caucasian Other

Does the player receive Reduced or Fee Lunch Yes _____ No _____

Type of Program you're enrolling in (Check one)

Hasek's Heroes (Ages 4-7): _____ (11/7 - 3/7) 1 time a week

Hasek's Heroes (Ages 8 and up): _____ (11/7 - 3/7) 1 time a week

***Players will be evaluated and chosen by staff**

Hasek's Heroes Hockey Team (Ages 9-14): _____ (11/7 - 3/7) 2 times a week

Does the player require use of Hasek's Heroes Hockey Equipment Yes _____ No _____

(If Yes, please read below)

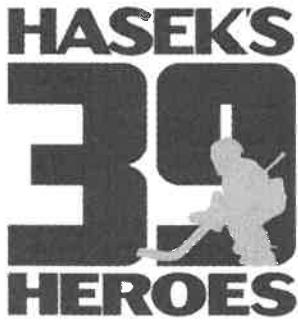
Equipment Policy

Each player requiring equipment, will be issued equipment to skate and play ice hockey in our program. Issued equipment does not include athletic supports, athletic cups and mouth guards. The equipment is property of Hasek's Heroes. If the equipment is lost, stolen or damaged you must immediately notify Hasek's Heroes staff. All equipment must be returned in good condition, less normal wear and tear. In the event any equipment is lost, stolen or damaged I understand I may be held financially responsible.

I understand and agree to the Hasek's Heroes equipment policy:

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ **Date:** _____



Dominik Hasek Youth Hockey League, Inc.

Hasek's Heroes 2020-2021 Attendance & Agreement Form

Attendance Policy

Hasek's Heroes programming operates on a first come, first served basis with a limited amount of slots. Attendance for the season is very important. Program staff will take attendance before each session. **We ask that the player not have more than 3 non-medical absences in a season or he/she may have to forfeit their program slot and be placed on the program's waiting list.**

I understand and agree to the Hasek's Heroes attendance policy:

Parent or Guardian Printed Name: _____

Parent of Guardian Signature: _____ Date: _____

Parent/Guardians Agreement and Authorization

I, the custodial parent or guardian of the aforementioned candidate for the DHYHL hockey program hereby give my approval to his/her participation in any and all activities of this program during the 2018-2019 season. I assume all risks and hazards incidental to such participation, including transportation to and from such activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the DHYHL, the organizers, supervisors, sponsors, participants and persons transporting my child to and from activities, for any claim arising out of an accident or injury to my child, except to the extent and in the event covered by accident and/ or liability insurance held by the DHYHL. I agree [give my permission for the player listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in DHYHL published materials or in other ways for the enhancement of the DHYHL program. I have read this acknowledgement and do hereby demonstrate my understanding and agreement to abide by these guidelines by affixing my signature and the date below. Furthermore, I affirm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from the Hasek's Heroes Program.

Parent/Guardian Name (please print) _____

Signature _____ Date _____