



MIGHTY HOCKEY WINTER 2012 REGISTRATION FORM

Player's Name: _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Phone Home: () _____ Bus. () _____

E-mail (print clearly): _____

Age: _____ Birth Date: _____

Does your child have any previous ice-skating or hockey experience? Yes No

Please check the session that is suitable for your child's skill level:

- Beginner (Non-skater)
- Intermediate (Has some previous skating experience)
- Advanced (Has skating and/or hockey experience)

Disclaimer

IN CONSIDERATION OF THE PARTICIPANT AND HIS/HER PARENT BEING PERMITTED TO REGISTER THE PARTICIPANTS TO PARTICIPATE IN OUR PROGRAMS, I, THE UNDERSIGNED PARENT/GUARDIAN HEREBY RELEASE AND DISCHARGE HOCKEYTOWN AND NEWBRIDGE ACADEMY FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHICH I MAY HAVE FOR ANY DAMAGES, LOSS OR INJURY SUFFERED BY MY CHILD OR INCURRED BY ME AND RESULTING DIRECTLY OR INDIRECTLY FROM THE PARTICIPATION OF SUCH CHILD IN SUCH PROGRAM. I HEREBY UNDERTAKE TO INDEMNIFY HOCKEY TOWN, NEWBRIDGE ACADEMY AND ITS SERVANTS, AGENTS AND EMPLOYEES AND HOLD THEM HARMLESS FROM AN IN RESPECT OF ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND PROCEEDINGS WHICH MAY BE BROUGHT BY OR ON BEHALF OF SAID CHILD AGAINST HOCKEY TOWN OR NEWBRIDGE ACADEMY ARISING OUT OF HIS/HER PARTICIPATION IN THE AFORESAID PROGRAM AND IN RESPECT OF ANY DAMAGES, LOSS OR INJURY INCURRED BY HIM/HER DURING OR AS A RESULT OF SUCH PARTICIPATION INCLUDING ALL COSTS AND EXPENSES INCURRED IN DEFENDING ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND PROCEEDINGS.

Parents Signature: _____

Parents Name (Print): _____

Please check program you are interested in registering for: **Mighty Hockey —\$225**

Total Purchase Amount: _____

VISA/MC #: _____ Exp: _____

Name on Card: _____

Credit Card Signature: _____

Date: _____

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