

P.A.H.A.



YOUTH LEARN TO PLAY HOCKEY



REGISTRATION FORM

Name of *incredible* ICE Program: _____

Participant's Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (C) _____ (W) _____

E-Mail Address: _____

Male Female Age: _____ Date of Birth: _____

Medical Conditions: _____

Emergency Contact: _____

Phone (H): _____ (W) _____

Relationship: _____

LIABILITY WAIVER (To be signed by parent or guardian)

Questions to be answered: (please circle one)

1. Has your son/daughter ever participated in the *incredible*ICE Learn to Skate Program? YES or NO
2. Has your son/daughter ever played organized hockey before? YES or NO
If yes, was it a recreational league? YES or NO
3. Can your son/daughter skate both forwards **AND BACKWARDS** with confidence? YES or NO

ASSUMPTION OF RISK: I am aware that ice skating and ice hockey involve certain inherent risks, dangers, and hazards which can result in serious personal injury. **I hereby freely agree to assume and accept all known and unknown risks of injury arising out of ice skating and ice hockey activities.** I recognize and acknowledge that risks of ice skating and ice hockey can be greatly reduced by taking lessons.

The participant agrees that *incredible* ICE and its staff will not be responsible for any accident or loss of possession, however caused while participating in an *incredible* ICE program and agrees to release *incredible* ICE from all damages which may arise as a result of any such accident or loss.

BE AWARE, SKATE WITH CARE!

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I, the parent or guardian of the participant, understand that *incredible* ICE does not issue refunds on group lessons.

INITIAL _____

I, the parent or guardian of the participant, understand that *incredible* ICE will not carry over current enrollments to a future session.

INITIAL _____

Signature of Parent/Guardian: _____ Date: _____

[OFFICIAL USE ONLY]

Class day: _____ Class Time: _____ Taken By: _____

Amount Paid: _____ Date: _____ Method of Payment: _____