

ALL Fields REQUIRED unless otherwise noted on form below. Thank you.

PANTHERS ICEDEN Hockey Participant Registration Form

Name of Hockey Program: _____ Date Start: _____

Participant's Name: _____ Player or Goalie _____ Fwd or Def _____

Previous Hockey Program or Class _____

League Division last season: _____ Division registering for: _____

Date of Birth: ____/____/____ Male Female USA Hockey membership # _____
(registration available online at usahockeyregistration.com)

Parent/Guardian's Names: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____ Phone (H): (____)-____-_____

(C): (____)-____-_____ E-Mail Address: _____

List any needed medical conditions: _____

Emergency Contact: _____ Relationship: _____

Phone (H): _____ (C) _____

LIABILITY WAIVER (To be signed by parent or guardian)

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 d/b/a Panthers IceDen ("ICE") and its staff will not be responsible for any accident or loss of possession, however caused while participating in an ICE Facility program and agrees to release *incredible* ICE d/b/a Panthers IceDen 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 Panthers IceDen does not issue refunds on group lessons or hockey programs.

INITIAL _____

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

INITIAL _____

In order to ensure a well balanced league, Panthers IceDen reserves the right to move players at any time during the season.

INITIAL _____

Signature of Parent/Guardian: _____ Date: _____

PROOF OF USA HOCKEY MEMBERSHIP MUST ACCOMPANY ALL REGISTRATIONS.

Program Enrolled: _____ Program fee: _____

CC TYPE _____ CC # _____ EXP DATE: ____/____/____ SEC# _____

I _____, authorize Saveology IcePlex to charge my credit card for the above amount.

SIGNATURE: _____ DATE: _____ Referred by: _____