



Mini Avalanche
LEARN-to-SKATE / INTRO to HOCKEY

The Ice Den Arena, 600 Quality Drive, Hooksett, NH 03106
Tel: 603-668-0795 / FAX: 603-668-1798
 www.icedenarena.net

Player Registration and Release Form

(Required for All Participants for On-Ice Activities)
Please Read Carefully and Complete

Cost Per 12 Week Session = \$195⁰⁰ (non-refundable) (due at time of registration).

Season 2009/2010

PLEASE WRITE LEGIBLY

Registration Date ____ / ____ / ____

Date of Birth ____ / ____ / ____

Player Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone (____) _____ - _____

Email _____ Fax (____) _____ - _____

Parents/Guardians:

First Names _____ & _____ Last Name _____

Work Phone (____) _____ - _____ / (____) _____ - _____ ext. _____

Release and Acknowledgment:

I am aware that hockey is a contact sport. I agree that the Ice Den Arena, and their agents, sponsors, owners and employees shall not be liable to me for any injury resulting directly or indirectly from any participation with the Ice Den Arena, whether from skating or ice hockey, whether incurred on the ice or in or about buildings and grounds. I further agree that I discharge the Ice Den Arena, and their agents, sponsors, owners and employees from all claims and demands that I may have for any injury or damage. I agree that my "Release and Acknowledgment" discharge shall bind my heirs, legal representatives and assigns, and shall inure to the benefit of the Ice Den Arena, and their agents, sponsors, owners and employees and their successors and assigns. I agree that the Ice Den Arena reserves the right to make changes to the posted schedule without the liability of refunds. I certify that I am (or the above named child is) physically and medically qualified to participate in any and all activities of the Ice Den Arena.

Medical Release:

As parent or guardian of the above named child, I authorize the Ice Den Arena coaches or manager to authorize medical assistance for him/her in the event that I am not present. This authorization will remain in force through 2009 & 2010 season.

My child is allergic to the following medication(s):

The above named child is under a physician's care for and/or has the following special condition:

By signing this form I acknowledge that the Program Director has the option of placing my child in the proper program based on individual ability.

Signature (Participant/Guardian): _____ **Date:** _____