

# LEARN TO PLAY HOCKEY REGISTRATION

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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Participants Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

I will need to rent equipment for the session  I do not need to rent any equipment

Participants Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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Participants Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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Participants Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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## 2019/2020 SESSIONS

**Session 1.** 7 weeks for \$75 Saturday 9/7, 9/14, 9/21, 9/28, 10/5, 10/12, 10/19

**Session 2.** 7 weeks for \$75 Saturday 11/2, 11/9, 11/16, 11/23, 12/7, 12/14, 12/21

**Session 3.** 7 weeks for \$75 Saturday 3/21, 3/28, 4/4, 4/11, 4/18, 4/25, 5/2

**Session 4.** 7 weeks for \$75 Saturday 5/9, 5/16, 5/23, 5/30, 6/6, 6/13, 6/20

RELEASE WAIVER: Please read the following statement and sign below.

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating or witnessing in any program, sport or physical activity occurring in or about the York Ice Arena premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold, it's instructors, or partners of said program or even, individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that the York Ice Arena does not have on or about the premises, or employ or contract with, any medical services, or make special provisions for ordinary or emergency medical services. In consideration of my child's participation in and the use of the York Ice Arena facilities, I hereby release and covenant not to sue the York Ice Arena, the City of York, York Professional Baseball Club, LLC, High Five Baseball, LLC, or its/their owners, shareholders, directors, Officers, employees, Representatives, agents, and lessees from any harm that may occur to my child while participating in any program or event sponsored by or held at the York Ice Arena. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER. RELEASE AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_