



HOCKEY PROGRAM REGISTRATION FORM

Please return this information sheet to
Polar Ice with the following:

1. Player's Payment – please make checks payable to Polar Ice.
2. Signed Polar Ice Waiver (see right hand column).
3. Copy of Birth Certificate.

PLAYER INFORMATION Male Female

Name _____
First Middle Last

Email _____

Parent/Guardian's Name _____
(If under 18 years)

Parent/Guardian's Email _____

Address _____

City _____

State _____ Zip _____

Home Phone # _____

Work Phone # _____

Mobile Phone # _____

Player's Age _____ Birthdate _____

Program Name _____

Player's Experience _____

Program Type CLINIC SUMMER CAMP
 TOURNAMENT OTHER

WEEK _____
DAY _____ TIME _____

LEAGUE (Please check one):

- | | |
|------------------------------------|---------------------------------------|
| <u>YOUTH</u> | <u>ADULT</u> |
| <input type="checkbox"/> MINI-MITE | <input type="checkbox"/> BEGINNER |
| <input type="checkbox"/> MITE | <input type="checkbox"/> INTERMEDIATE |
| <input type="checkbox"/> SQUIRT | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> PEEWEE | <input type="checkbox"/> WOMEN'S |
| <input type="checkbox"/> BANTAM | <input type="checkbox"/> TEAM REP/ |
| <input type="checkbox"/> MIDGET | <input type="checkbox"/> ORGANIZER |

POSITION PREFERENCE (Check One):

- GOALIE DEFENSE FORWARD

Jersey Size: YSM YXL S M L XL 2XL

Select three numbers _____

FOR OFFICE USE ONLY

TOTAL DUE _____

DISCOUNTS _____
Reason for Discount _____

MEMBERSHIP _____

TOTAL PAID _____

BALANCE DUE _____ DATE DUE _____

METHOD OF PAYMENT: CASH

CHECK (CHECK #): _____

CREDIT CARD:
 VISA MC AMEX DISCOVER

CREDIT CARD # _____

EXPIRATION DATE _____

BILLING ZIP CODE _____

Cardholder's Signature _____

Polar Ice Entertainment & Affiliates WAIVER AND RELEASE OF LIABILITY

PARTICIPANT:

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in any way, shape or form in Polar Ice Entertainment Hockey Leagues, programs and other sponsored activities at or by Polar Ice, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in any Polar Ice activity, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in Polar Ice activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Polar Ice Entertainment, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Date _____ Age: _____
Participants Signature

x _____ **REFUNDS: There will be no refunds.**

Initials

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date: _____
Parent/Guardian Signature

EMERGENCY PHONE #(S) _____

Today's Date _____
Program Dates _____
Salesperson _____
Enrollment # _____