

# REGISTRATION FORM

Please send completed form and payment information to:  
**MHG Ice Centre, 15 Lund Road, Saco, Maine 04072**

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

Parent / Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Program Selection:  Tots

Introductory

Pre-Alpha-Delta

Freestyle 1-10

Adult 16+

Payment Method:  Check

Visa

Mastercard

American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Enclosed or Authorized by You: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Read & Sign:** I do hereby forever release and discharge MHG Ice Centre, its Managers, Agents, Employees, and all persons or corporations connected herewith from all claims and damages which may result from participation in MHG Ice Centre skating programs. It is further agreed that the MHG Ice Centre is not responsible for lost or stolen personal articles or hockey equipment and that all fees are non-refundable. A \$25.00 service fee will be applied to any returned check. Your signature below confirms acceptance of these terms. Thank you.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_