

JOE DZIEDZIC HOCKEY CAMP REGISTRATION FORM



WWW.JDHOCKEY.COM

PLAYER NAME: _____

LAST YR TEAM: _____ LEVEL: _____

NEXT YR TEAM: _____ LEVEL: _____

PARENT NAME(S): _____

HOME PH: _____ CELL PH: _____

E-MAIL: _____

2ND E-MAIL (OPT): _____

INSURANCE INFORMATION:

COMPANY NAME: _____ POLICY: _____

PAYMENT:

CHECK ENCLOSED CAMP # _____ AMOUNT PAID \$ _____

Make checks payable to Joe Dzedzic Hockey
Joe Dzedzic Hockey requires payment in full for all camps. This payment is non-refundable.

PARENTAL RELEASE:

I understand that Joe Dzedzic Hockey does **NOT** carry insurance on participants. I expressly assume all risk of loss and/or injury and hereby release and agree to save, hold harmless, and indemnify Joe Dzedzic Hockey including Joe Dzedzic and/or any staff, coaches and employees, and the Arena and its staff and employees from all liability for any injury or harm or damage I or my child may sustain while a participant. The assumption is acknowledged, and approved by the signature hereto. I agree to possess Primary Insurance that covers my child's activities in the camp. I also agree to allow Joe Dzedzic to use pictures or video footage of my child for print or digital marketing purposes.

I have read the above and agree to the terms and conditions and give consent for my child to participate in Joe Dzedzic Hockey Camp.

PARENT SIGNATURE: _____ DATE: _____

MAIL REGISTRATION AND PAYMENT TO: 2195 MARION RD ROSEVILLE, MN 55113

FURTHER QUESTIONS EMAIL: JOE@JDHOCKEY.COM OR CALL: 651-330-2468