



Player Name:	Birthdate:
Address:	Parent e-mail:
City/ST/Zip:	Primary Phone:
Parent/Guardian Name:	Secondary Phone:
Registered program:	Last Spartan Arena or RAHA program (09-10 season):

How did you hear about our program?

(circle all that apply)

Friends School Ad Mailing E-mail Web-site Other

Acknowledgement of Risk-Liability/Medical Release

I, the undersigned, understand that the organizers of the Spartan Arena Programs do not provide medical insurance covering injuries of any nature during its events. I enroll my child in the Program, fully aware that skating/hockey is a physical activity and that, because of its nature, inherent risks (including serious injury and death) are involved. I voluntarily recognize, accept, and assume full responsibility for any injuries, whether medical or dental, that may occur in the course of the Spartan Arena Programs. I release Castleton State College, Spartan Arena, affiliates of the college and RAHA from any liability, and waive any claims against the same. I attest that the applicant is in good health and capable of participating in a vigorous athletic program. In the event of injury, I give permission for those in charge to seek medical attention. I consent to the use of my child's photo, video, artwork, etc. to be used by the Program for flyers, brochures and other methods of advertising.

SIGNATURE of Parent/Guardian: _____ Date: _____

Office Use Only

Amount Paid _____ Payment Plan _____ Payment Type _____ Date _____

Credit Card # _____ Exp. Date _____ Check # _____

Deposit # _____