



Little Avalanche

LEARN-to-PLAY HOCKEY / INTRO to MITES

The Ice Den Arena, 600 Quality Drive, Hooksett, NH 03106

Tel: 603-668-0795 / FAX: 603-668-1798

Player Registration and Release Form

(Required for All Participants for On-Ice Activities)

Please Read Carefully and Complete

Cost 2008/2009 Season = \$575⁰⁰ (due at time of registration)

Please write legibly

Season 2008/2009 Registration Date _____

Date of Birth / /

Player Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone (____) _____ - _____

Email _____ Fax (____) _____ - _____

Parents/Guardians:

First Names _____ & _____ Last Name _____

Work Phone (____) _____ - _____ / (____) _____ - _____ ext. _____

Release and Acknowledgment:

I am aware that hockey is a contact sport. I agree that the Ice Den Arena, and their agents, sponsors, owners and employees shall not be liable to me for any injury resulting directly or indirectly from any participation with the Ice Den Arena, whether from skating or ice hockey, whether incurred on the ice or in or about buildings and grounds. I further agree that I discharge the Ice Den Arena, and their agents, sponsors, owners and employees from all claims and demands that I may have for any injury or damage. I agree that my "Release and Acknowledgment" discharge shall bind my heirs, legal representatives and assigns, and shall inure to the benefit of the Ice Den Arena, and their agents, sponsors, owners and employees and their successors and assigns. I agree that the Ice Den Arena reserves the right to make changes to the posted schedule without the liability of refunds. I certify that I am (or the above named child is) physically and medically qualified to participate in any and all activities of the Ice Den Arena.

Medical Release:

As parent or guardian of the above named child, I authorize the Ice Den Arena coaches or manager to authorize medical assistance for him/her in the event that I am not present. This authorization will remain in force through the 2008 – 2009 season.

My child is allergic to the following medication(s): _____

The above named child is under a physician's care for and/or has the following special condition: _____

By signing this form I acknowledge that the Program Director has the option of placing my child in the proper program based on individual ability.

Signature (Participant/Guardian): _____ Date: _____