

Ice Hockey Holiday Skate

Open to all Springfield/Kenilworth students and parents !!!



Monday December 28th from 5:15–6:45pm @ Union Sports Arena
Sponsored by the Bulldog Parent Organization / No cost for participants

To register, please detach and return the bottom portion of this flyer to the Main Office of your child's school.

Any Questions? contact Coach Trimble at jdhsicehockey@springfieldschools.com

<http://www.DaytonBulldawgsHockey.com>

Name: _____

Grade: _____

Parent contact (phone # / email address): _____

_____ I would like to participate in the open skating session. *Parents are welcome to join us on the ice*

_____ I would like to participate in the ice hockey activities.

Hockey participants only, please return the attached waiver for the rink with this registration slip

_____ I have my own ice hockey equipment _____ I would like to borrow equipment from the rink



PROGRAM REGISTRATION AND LIABILITY WAIVER FORM

Player Information:

First Name: _____ Last Name: _____
Address: _____ Birth Date: ___/___/___ Male ___ Female
City/State/Zip _____
Home Phone: _____ Work Phone: _____
e-mail Address: _____

Parent/Guardian Information (if under 18 years):

Mother's Name: _____ Phone: _____
Father's Name: _____ Phone: _____

WAIVER AND RELEASE OF LIABILITY

I understand that my participation in any ice skating, ice hockey or other activities at Union Sports Arena, L.L.C. could involve substantial risk of bodily injury, property damage and other dangers associated with ice skating. I agree that I will abide by all rules and regulations of Union Sports Arena, L.L.C. and the instructions given to me by officials and employees of Union Sports Arena, L.L.C.

I hereby release and discharge Union Sports Arena, L.L.C., its affiliates, sponsors, event organizers, members, officers, employees, representatives and agents from any and all causes of action which I, anyone on my behalf, my heirs or next of kin have or may have against Union Sports Arena, L.L.C., as a result of my participation in any ice skating, ice hockey or other activities at Union Sports Arena, L.L.C., including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence, in any form, of Union Sports Arena, L.L.C.

This document is governed by the laws of the State of New Jersey. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

I have read and fully understand this Waiver and Release of Liability and agree to be bound by its terms and understand that by signing this document I may be waiving certain legal rights, including the right to sue Union Sports Arena, L.L.C. I sign this document freely and willingly.

READ! YOUR LEGAL RIGHTS ARE AFFECTED!

Participant Signature: _____ Date: _____
Participant Name (printed): _____ Age: _____
Parent/Legal Guardian Signature (if participant is a minor): _____