



## REGISTRATION/ WAIVER FORM

# Hockey Dynamics 2010 Termite Spring Break Camp At A Game Sports Complex

Send form and \$150 payment by **MAIL** (check or money order made payable to HOCKEY DYNAMICS). Please send to the following address **ATTN: Robert Bouchard – 623 Royal Crest Ave., Nashville, TN 37214**)

PLEASE PRINT

Player Name M OR F Date of Birth

PRIMARY GUARDIAN PRIMARY EMAIL ADDRESS)

PRIMARY ADDRESS

CITY STATE ZIP CODE

PRIMARY PHONE WORK PHONE CELL PHONE

SECONDARY GUARDIAN PHONE WORK PHONE

SECONDARY ADDRESS CITY, STATE, ZIP CODE CELL PHONE

Last Season's Team Info: League - Division – Team - Position POSITION DESIRED

### TERMS AND CONDITIONS OF PARTICIPATION

The applicant, on behalf of and for the benefit of the minor participant, as above indicated, hereby applies to A-GAME SPORTS COMPLEX AND HOCKEY DYNAMICS INC. for membership and participation in its ice hockey program. The Applicant understands and hereby acknowledges that there is the risk of serious and permanent bodily injury to the Participant as a result of participation in any sporting and athletic contest, including ice hockey. By signing this registration form, the Applicant and the Participant agree to **assume the risk** of Serious and Permanent Bodily Injury as a result of their participation in this program. The Applicant and Participant further agrees to obey and abide by all rules and regulations of A-GAME SPORTSPLEX AND HOCKEY DYNAMICS and forfeiture of all fees. No refunds will be given for withdrawal from the league at any time for any reason.

### RELEASE FROM LIABILITY

In consideration for the privilege of participation in the HOCKEY DYNAMICS SUMMER HIGH SCHOOL HOCKEY INSTRUCTIONAL LEAGUE, the Applicant for himself/herself, and for the minor Participant, hereby expressly acknowledges the risk of serious injury from participation in this program, and **RELEASES AND HOLDS HARMLESS** the A-GAME SPORTSPLEX AND/OR HOCKEY DYNAMICS, its Team Coaches and Referees from **any and all claims, of any type whatsoever, for bodily injuries** sustained by the Participant, or by the Applicant, arising out of, or from any CENTENNIAL SPORTSPLEX, A-GAME SPORTSPLEX AND/OR HOCKEY DYNAMICS practice drill, game, or other athletic or physical activity of any type whatsoever.

In signing this registration form, I am expressly stating that **I HAVE READ THIS FORM COMPLETELY** (OR HAVE HAD IT READ TO ME) and I fully understand and accept the terms, conditions, and risks associated with participating, and have my child participating in this ice hockey program.

SIGNATURE OF PARENT OF GUARDIAN RELATIONSHIP DATE SIGNED