



# Advanced Hockey Clinic

8 weeks – October 4 through November 22 - Only \$205  
Ages 12 - 16

**Many have pre-registered and sessions are filling quickly!  
Register today and reserve your spot!!**

Email Aaron at [aaron@risingstarshockey.com](mailto:aaron@risingstarshockey.com) to register

-or-

Visit [www.risingstarshockey.com](http://www.risingstarshockey.com)

PLAYER REGISTRATION	
(Please print clearly)	
Participant's Last Name: _____	First Name _____
Street Address: _____	City: _____ State: _____ Zip: _____
Date of Birth: _____	Age: _____ Seasons Played: _____ T-Shirt Size: _____
Mother's Name: _____	Mother Home Phone (____) _____
Mother Work Phone (____) _____	Mother Cell Phone (____) _____ Email: _____
Father's Name: _____	Father Home Phone (____) _____
Father Work Phone (____) _____	Father Cell Phone (____) _____ Email: _____
Emergency Contact Name: _____	
Home Phone: (____) _____	Work Phone: (____) _____ Cell Phone: (____) _____
Medical Comments: _____	
_____	
_____	

### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Aaron Smith & Rising Stars Hockey, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_  
(OR PARTICIPANTS'S LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE)