



Beginner & Intermediate Hockey Clinic

**8 weeks – October 4 through November 22 - Only \$165
Ages 8 - 12**

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

Email Aaron at aaron@risingstarshockey.com to register

-or-

Visit 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: _____

Mothers Name: _____ Mother Home Phone (____) _____

Mother Work Phone (____) _____ Mother Cell Phone (____) _____ Email: _____

Fathers 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)