



# Girls Hockey Academy Spring 2010 Registration Form



Phone 860-350-2825 Fax 860-350-5527  
www.girlshockeyacademy.com

## Participant Information

Position:  Player  Goalie (spots are limited and will be awarded based on abilities)

Name: \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street Address Town/State Zip code

Email Contacts \_\_\_\_\_  
Main email Alternate email

Phone \_\_\_\_\_  
Home Work Cell

Date of Birth: \_\_\_\_\_

Mother's/Father's Name: \_\_\_\_\_

USA Hockey Confirmation Number\*: \_\_\_\_\_

Club & Team/2008-2009 Season: \_\_\_\_\_  
Club (e.g. Brewster travel) Team (e.g. 14U Tier II)

\*Go to Girls Hockey Academy website for link to retrieve your USA Hockey Confirmation Number

## Program Information

Please check program(s) you are registering for:

<input type="checkbox"/> Monday night 3-on-3 full ice-spring (10 weeks)	\$275	_____
<input type="checkbox"/> Friday night pond hockey (6 weeks – '93' to '95 – Monday 3/3 mandatory)	\$135	_____
	<b>Gross total</b>	_____
<input type="checkbox"/> March 1 <sup>st</sup> Payment discount (-20\$)		_____
<input type="checkbox"/> Bring back your GHA jersey discount (-10\$) – Color:___ Number _____		_____
	<b>Net Total</b>	_____

Mail completed form to GHA – 16 Reservoir Road, Bethel 06801 or FAX to 860-350-5527  
**MAKE CHECKS and CC PAYABLE TO DANBURY ICE ARENA**

Payment Method  Cash  Check# \_\_\_\_\_  
 MC/Visa \_\_\_\_\_ Name as it appears on the card: \_\_\_\_\_  
(Card Number) (Expiration Date)

**Refund Policy** Participation fee refunds will be offered only to those with a written medical excuse before the start of the program, or to goalies who are not awarded a spot and do not wish to skate up/register as alternate. No refunds will be made once the program has started.

### Release and Consent

- In consideration of being allowed to participate in any way in GHA programs, and related events and activities, the undersigned member and/or parent/guardian for minor age members:
1. Acknowledge and fully understand that each participant and/or observer will be involved in activities that involve risk of serious injury, including permanent disability and death which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the arena, the rules of play or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable or foreseen at this time.
  2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury.
  3. Release, waive, discharge and covenant not to sue GHA, the rink, their administrators, directors, agents, business affiliates, other employees of the organization, any volunteers and other members, from all liabilities to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property whether incurred on the ice or otherwise in or about the building or grounds, whether caused by negligence of the arena, or alleged to be caused or caused by the negligence of the releases, caused or alleged to be caused in whole or in part as a result of participation in or observation of skating, hockey or other activities.
  4. Grant permission, if I/we the undersigned parent(s) or guardian(s) cannot be reached for above said person to obtain medical care and treatment from any physician, nurse, ambulance attendant, hospital or medical clinic, should the undersigned become ill or injured during skating or related activities.

I/we have read, understand and agree to the above and GHA policies and sign it voluntarily.

X \_\_\_\_\_