



HEH 2018 SUMMER HOCKEY CAMPS

Official Sign-Up Form

Name of Camp Attending: _____ Session 1 or 2(if only half day): _____

Total Cost of the Camp: _____

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

Best Phone: _____ Best Email: _____

Level (Sq, Pw, Bnt, Mgt): _____ Team: _____

Please indicate any food allergies: _____

WAIVER OF LIABILITY/INSURANCE MUST BE SIGNED TO PROCESS REGISTRATION

In Consideration of _____ being permitted to register and participate in the PROSKATE'S Program, in conjunction with PROSKATE, we do hereby release and discharge PROSKATE directors, agents, employees and any person or corporation or partnership connected herewith from all manner of action, injury, damages, costs, claims or demands which we will, shall or may hereinafter have, suffer or receive by reason of such participation in any program at the center. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that PROSKATE shall not be considered to guarantee or warrant such equipment as may be used in the conditioning of said programs. The undersigned also agrees that their likeness or the likeness of their child may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program. In the event of cancellation, all monies are non-refundable; there are no expectations. Times and days may change due to enrollment, special events, etc.*All applications require parent/guardian signature. There will be no refunds permitted for summer camps.

Signature: _____ Date: _____

(I have read and fully understand the waiver of liability)

METHOD OF PAYMENT (Circle one): Cash / Check / Visa/MC AMEX Discover

Credit Card #: _____ Exp. Date: _____

Name as it appears on card: _____ Signature: _____

*Please make checks payable to ProSkate