

Schools Out Day Camp

Registration Form

September 13th, October 14th, November 4th, February 24th

~please circle dates your child will attend~

From 8:00am to 6:00pm at Alice Noble Ice Arena.

\$25.00 per child per day, 2nd child in same family \$20.00 per day

Childs Name: _____ age: _____

Parent Name: _____

E-mail: _____

Home phone: _____ Cell: _____

Emergency contact: _____

Authorized adults to pick child up: _____

Please indicate date of participation: _____

Waiver Form

1. 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 injury does exist.
2. I knowingly and freely assume all such risks both known and unknown, even if arising from the negligence of the releases or other and assume full responsibility for my participation.
3. I willing agree to comply with the stated and customary terms and conditions fro participants. If however I observe any unusual hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest instructor.
4. I, for myself and on behalf of my heirs, assign personal representative and next of kin, hereby release and hold harmless Alice Noble Ice Arena, their officers, instructors and employees.

This is to certify that as parent or guardian with legal responsibility for this participant do consent and agrees to his/her release as provided above of all the releases, and for myself, my heirs, assigns and next of kin. I also agree to the release from any and all liabilities incident to my minor child's involvement or participation in this program as provided above, even if arising from negligence.

Parent/Guardian Signature: _____ Date: _____