



SKILLZ SKATING & SHOOTING CENTER

PARTICIPANT REGISTRATION / WAIVER FORM

NAME OF PARTICIPANT(S): _____ BIRTHDATE: _____

NAME OF PARENT/GAURDIAN: _____

EMERGENCY CONTACT#: _____ ALTERNATE#: _____

ADDRESS: _____ POSTAL CODE: _____

HOCKEY ASSOCIATION: _____ LEVEL: _____

EMAIL ADDRESS: _____

ANY MEDICAL CONDITIONS TO BE AWARE OF: _____

PARTICIPATION WAIVER:

SKILLZ SKATING & SHOOTING CENTER HAS TAKEN EVERY REASONABLE PRECAUTION TO ENSURE THE SAFETY AND WELL-BEING FOR ALL PARTICIPANTS. I UNDERSTAND THAT THERE ARE INHERENT PHYSICAL RISKS ASSOCIATED WITH TRAINING AT SKILLZ SKATING & SHOOTING CENTER , OR IN IT'S ON ICE PROGRAMS, AND I, ON BEHALF OF MYSELF, MY CHILD AND FAMILY, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE TRAINING ACTIVITIES PERFORMED AT SKILLZ SKATING & SHOOTING CENTER OR IN IT'S ON ICE PROGRAMS. I DO FURTHER HEREBY RELEASE, INDEMNIFY AND HOLD BLAMELESS, SKILLZ SKATING & SHOOTING CENTER ,THE EMPLOYEES, THE INSTRUCTORS AND MANAGEMENT, AND ANY OTHER RELATED PARTIES. I, ON BEHALF OF MYSELF, MY CHILD AND FAMILY AGREE TO ABIDE BY THE RULES LAID FORTH BY THE FACILITIES AND AGREE THAT ANY VIOLATION OF SAID RULES MAY RESULT IN THE TRAINING PRIVELEGES BEING REVOKED.

SIGNATURE: _____ DATE: _____