

# THE RINK

## CORAL RIDGE

# Learn to Play Hockey Registration

August 3rd - September 21st

Tuesday Nights 6:45 – 7:45pm

Equipment Fitting August 3 - 5:00-6:30pm

Cost: \$80 per player

Equipment provided with an \$80 refundable deposit

(Equipment must be returned at conclusion of class to receive refund)

### Player Information:

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

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Equipment Needed: Yes No Sized by: \_\_\_\_\_

**Participant Waiver:** Please read carefully and sign below. I, the undersigned participant, acknowledge and fully understand that each participant will be engaging in activities that will involve risk of serious injury, including permanent disability and/or death, and severe social and economic losses that might result not only from their actions, inactions or negligence, but the actions, inactions, or negligence of others, 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 foreseeable at this time. We also assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I agree that prior to participation, I can inspect the facilities and equipment to be used, and, if I believe anything is unsafe, I will immediately advise their coach or supervisor of such condition(s) and refuse to participate. I release, waive discharge and covenant not to sue the Coral Ridge Ice Arena, Coral Ridge Mall and General Growth Properties, the affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct this event, all of which are herein-after referred to as "releases," from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused, in whole or part by the negligence of the releases or otherwise. I agree that any portion of the document shall be held invalid under the laws of the State of Iowa, these parts that are not held invalid shall continue in full force and effect.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Cash Check Credit Card Amount: \_\_\_\_\_

Cash, check (payable to the Coral Ridge Ice Arena), Credit Card (Visa/MC)

**PAYMENT MUST BE RECEIVED BY THE START OF THE PROGRAM**

319-774-5920

