



Youth Hockey Development

ATOM CLINIC

Registration Form

Skater's Name: _____

Parent's name: _____

Date of Birth: _____ Age: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Work: _____

Emergency Contact: _____ Phone: _____

Relation to Skater: _____

ATOM CLINIC: 4-CLASS SEMESTER \$100

****ALL 4 CLASSES MUST BE COMPLETED WITHIN 8 WEEKS****

Saturday 12:20-1:00pm

Director Signature Required: _____

PLEASE READ AND INITIAL BELOW

_____ There are absolutely NO refunds.

_____ ALL skaters are required to wear: FULL HOCKEY GEAR.

_____ Hockey jersey given to FIRST TIME registrants only. Please wear jersey to classes.

_____ Replacement jersey is \$15.

_____ There is a \$2 fee for lost or stolen class cards. ALL prior weeks will be forfeited.

_____ Atom Clinic is only offered on Saturday at 12:20-1:00pm. There are no make-up times available. However, Skaters have 8-weeks to complete the 4 classes.

_____ Class sizes range from 2-16 skaters per instructor.

_____ FREE public skating sessions on Saturdays with class card. Sorry, no hockey sticks allowed on public sessions.

FOR OFFICE USE ONLY

Class Start Date: _____ Today's Date: _____ Employee Initials: _____

Payment: _____ Circle: C.C. CASH CHECK Last 4 digits on C.C. _____

****SIGNATURE REQUIRED ON BACK****

ASSUMPTIONS AND ACKNOWLEDGEMENT OF RISKS

AND

RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION OF BEING INSTRUCTED AND/OR COACHED FOR ICE SKATING IN ANY WAY BY FLORIDA ICE ARENA, INC., ALONG WITH ANY RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. THE ACTIVITIES INVOLVED IN THIS PROGRAM HAVE A SIGNIFICANT RISK OF INJURY, INCLUDING PERMANENT PARALYSIS AND EVEN DEATH.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.
3. I WILLINGLY AGREE TO COMPLY WITH THE STATED CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION; HOWEVER, IF I OBSERVE ANY UNUSUAL OR SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL IMMEDIATELY NOTIFY THE NEAREST OFFICIAL OF ANY SUCH HAZARD.
4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS PERSONAL REPRESENTATION, AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS FLORIDA ICE ARENA, INC., IT'S OFFICERS, OFFICIALS, AGENTS, OR EMPLOYEES, OTHER PARTICIPANTS SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OF DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
Student Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION.

THIS IS TO CERTIFY THAT I, AS A PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY, DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES TO THE FULLEST EXTENT PERMITTED BY LAW.

X _____
PARENTS/GUARDIAN SIGNATURE

EMERGENCY PHONE NUMBER