

PINES ICE ARENA

SUMMER HOCKEY CAMPS

12425 Taft Street Pembroke Pines, FL 33028 (T) 954-704-8700 (F) 954-374-8168 www.PinesIce.com

Skater's Name: _____

Home Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address (please print legibly): _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Years of ice hockey experience? _____ Have you played Travel Ice? YES NO

Parent Name(s): Mother: _____ Father: _____

Emergency Contact: _____

I do hereby acknowledge that skating is a dangerous sport, physically demanding and highly competitive. I hereby agree that Florida Ice Arena, Inc. its servants, agents, and employees shall not be held liable for any and all injuries/losses resulting directly or indirectly and save Ice Arenas of Florida, Inc its servants, officers, agents and employees harmless from all cases and expenses that may result from any breach of agreement.

Participants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE CHECK OFF WHICH SESSION(S) YOU ARE ENROLLING IN:

	PIA SESSION 1	PIA SESSION 2	PIA SESSION 3	PIA SESSION 4
Camp Sessions	June 19 th – June 23 rd <input type="checkbox"/>	June 26 th – June 30 th <input type="checkbox"/>	July 24 th – July 28 th <input type="checkbox"/>	July 31 st – August 4 th <input type="checkbox"/>

STICK & PUCK AFTERCARE ADD ON: \$15.00/DAY AMOUNT OF AFTERCARE ADD ONS: _____

Dates enrolled in aftercare: _____

Individual dates enrolled: _____

Payment Info (OFFICE ONLY):

AMOUNT: _____ RECEIPT NUMBER: _____ FORM OF PAYMENT: _____ INITIAL: _____