

PINES ICE ARENA

SUMMER HOCKEY CAMPS

12425 Taft Street Pembroke Pines, FL 33028 (T) 954-704-8700 (F) 954-442-1700 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: _____

Jersey Size: Youth XL Adult Small Adult Medium Goalie

Are you a new player at Pines Ice Arena? YES NO

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

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

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 WOULD LIKE TO ENROLL IN:

	SESSION 1	SESSION 2	SESSION 3
In House Hockey Camp	June 8 th – June 12 th <input type="checkbox"/>	July 6 th – July 10 th <input type="checkbox"/>	August 3 rd – August 7 th <input type="checkbox"/>
Travel Hockey Camp	June 22 nd – June 26 th <input type="checkbox"/>	July 20 th – July 24 th <input type="checkbox"/>	August 17 th – August 21 st <input type="checkbox"/>

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

Payment Info (OFFICE ONLY):

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