



Registration Form

Please Print Legibly. All information is needed. Thank You!

Player Information

Child Name: _____ **D.O.B:** ____/____/____ **Age:** _____

Sibling Name: _____ **D.O.B:** ____/____/____ **Age:** _____

Parent Information

Name: _____ **Contact 1st Number:** _____

Address: _____

Email: _____

Emergency Contact: _____ **Emergency Ph Number:** _____

Pass Information

Drop- In
 5-Day
 10-Day
 15-Day
 20-Day

ASSUMPTION OF RISK: In consideration of being permitted to participate in Skate & Surf Hockey Camp at Oceanside Ice Arena and Big Surf Waterpark, I agree to the following: I understand there are risks of injury in connection with participation and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Oceanside Ice Arena, their promotional sponsors and advertisers and all their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, including but not limited to lost or stolen goods, that I may sustain while participating in the Skate & Surf Hockey Camp. I will comply with the stated and customary rules and terms for participation.

CONSENT TO TREAT: I certify that, I give my consent to Oceanside Ice Arena and its staff to obtain medical care from a licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at Oceanside Ice Arena.

CANCELLATION POLICY: No refunds will be given to a registrant who leaves because of their own desire, fails to attend or is ejected from Oceanside Ice Arena for rules and terms infractions. The only exceptions being a major medical problem affecting the registrant (accompanied by a physician's note) or the registrant relocates outside Maricopa County.

Signature: _____

Date: _____