



Dickinson Lady Outlaw Roller Hockey

Roller Hockey Registration Form

Participant Name: _____

Age: _____

DOB: _____

If under 18 years of age - Parent or Guardian Signature: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Emergency Contact / Phone: _____

I, _____, elect to, or have elected to have my child named above, to participate in the above listed Dickinson Hockey Club Roller Hockey program. I understand there are inherent risks in any athletic activity. With this in mind, I hereby release, waive, discharge, and covenant not to sue Dickinson Hockey Club, hereinafter referred to as "DHC," its present and future agents, officers, directors and employees of the above listed program, hereinafter referred to as "Program," its present and future agents, officers, directors, and employees from all liability, for any and all loss, damage, and any claim or demands whatsoever on account of bodily and personal injuries, death, property damages or damages of whatever kind, whether caused by the negligence of DHC or the Program, any unsafe property or equipment, or otherwise. If I breach this agreement, I shall be liable to DHC and the Program for any costs incurred, including but not limited to attorney's fees.

The undersigned has read carefully and voluntarily signs the release waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Parent / Guardian Signature:

Required Equipment for Roller Hockey Camps:

Roller blades, ice hockey helmet with mask, hockey gloves and ice hockey stick.

(Limited supply of equipment is available upon request).

Roller Hockey Camps Fees:

Individual \$ 20.00

Family \$ 30.00

Bring a Friend* \$ FREE

Roller Hockey Camps Dates:

July 20th, 22nd, 27th, 29th

August 3rd, 5th, 10th, 12th

7:00pm - 8:30pm

**Current Club members may bring a friend that is not currently part of Dickinson Hockey Club. The 'friend' can participate free of charge. All participants must complete this form.*

Payment Info:

Todays Date: _____ **Payment Type:** _____ Cash _____ Check

Please Make Checks Payable to: **DICKINSON YOUTH ACTIVITIES**