2010 Goalie/Shooter Program

Players Name: _____

Address: _____

_____

Home Telephone: _____ **Cell Phone:** _____

Contact: _____ **Contact Number:** _____

E-Mail: _____

Player is Birth date: _____
Day/Month/Year

Visa # _____ **EXP** _____

MCP # (mandatory)_____

Please Read and Sign:

The owners, management, and staff of Xtreme Hockey, and Capital Hyundai Arena respectively, DO NOT accept responsibility for injury, loss, damage, or accident, either to person or to property incurred by anyone during the operation of the hockey programs/camps and the undersigned parent or guardian hereby agrees to release indemnify and save harmless the above mentioned, or any of the against any and all loss, costs, expenses, claims, demands, and suits whatsoever on account or in respect of any such injury, loss, damage, or accident.

Signature: _____
(Parent of guardian)

Submit