

**2010 Heritage Hockey Challenge
Registration Form**

Participants Name: _____
Team/Coach's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Level of Play: _____
Parent/Guardian: _____
Home Phone: _____ Work Phone: _____

Medical Information

Emergency Contact: _____
Phone Number: _____
Policy #: _____ Group #: _____
Physician's Name: _____ Phone Number: _____

Release of Liability

I, and my heirs, in consideration of my child's participation in the 2010 Heritage Sports Center / Spring league hockey challenge, hereby release The Heritage Sports Center, employees and any other people officially connected with this league, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur while participating in this camp. Specifically, I release said persons from any liability of responsibility for (my child's physical condition, for the condition or selection of course route and for the presence or actions of any other participants). I am aware of the risks of participation, which include, but are not limited to, (the possibility of sprained muscles and ligaments, and fatigue. I hereby state my child is in sufficient physical condition to accept a rigorous level of physical activity). I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the camp does not provide medical coverage for my child. I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____ Date: _____