

SHARPER EDGE SKATING SCHOOL (mailing address only)
100 POWDERMILL RD- PMB 233
ACTON, MA 01720 (978) 369-0088

DECEMBER "HOCKEY" APPLICATION

Player's Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

M / F Age: _____ Phone: _____ Hockey Shirt Size: _____

Hockey Experience: _____ Position: _____

Parents Names: _____

Emergency Contact: _____ Phone: _____

DECEMBER VACATION HOCKEY CLINIC

12/29/09 & 12/30/09

Hockey clinic is subject to change, due to enrollment.

Sorry there are no refunds once the session starts.

SESS reserves the right to change your child's placement.

Clinic breakdown:

1 hour edge class/ Stick and Puck Drills

15 minute Full Ice Drills

30 minute Scrimmage

15 minute Power Skating

*All skaters must be able to skate **forwards and backwards** and are required to wear full hockey equipment.

*Walk-ons will be accepted with a **24 hour** notification. Walk-on fee is \$55.00/day.

I hereby assume all risks and hazards incident to participation in any and all Sharper Edge Skating School activities. I hereby waive, release Sharper Edge Skating School, their professionals and employees of any harm and injury.

Date: _____

Signature (Parent or guardian if skater is under the age of 18)

Please send **signed form** and payment in full to the address above. **Due Date: 12/22/09**

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SHARPER EDGE SKATING SCHOOL INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and

- personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE VALLEY SPORTS INC. and SHARPER EDGE SKATING SCHOOL, INC. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
 PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE
 (UNDER AGE AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
 Parent/Guardian's Signature Emergency Phone # (s)

Date Signed: _____

Additional Emergency Information:

Name: _____ Phone#: _____

Check out our Website: www.sharperedgeskating.com

TUESDAY & WEDNESDAY	8:20 am to 10:20 am	2 DAYS	4 HOURS OF ICE	cost: \$100.00
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**SIGN UP EARLY.
 SPACE IS LIMITED!**