

2011 SWA SEASON READINESS APPLICATION

You can also register online at: <http://www.hockey1.com/clinics.asp>

NAME _____ AGE _____

ADDRESS _____

PHONE #'S: _____

EMAIL ADDRESS: _____

SEASON READINESS 8/15 -> 8/19/2011 5:30-7:00 pm

SPACE IS LIMITED. PLEASE SIGN UP 2 WEEKS PRIOR TO START OF EACH SESSION.
ENCLOSE A \$50.00 NON REFUNDABLE DEPOSIT FOR EACH GROUP CHECKED ABOVE.

Make checks payable to "SOUTH WINDSOR ARENA"
(A confirmation and balance due notice will be mailed)

In consideration of being allowed to participate as a player or goalkeeper, in any of the South Windsor Hockey Camps, held at the South Windsor Arena, (South Windsor, CT) the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this event 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 RELEASES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary rules, regulations and conditions for participation. If however I observe any unusual significant hazard during my presence, 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 South Windsor Arena, Inc. & Richard Grigorian**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the South Windsor Hockey Camp, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE**, and,

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.

Parent's Signature _____ Date _____

CONTACT US AT: (860) 289-3401 or 1-800-HOCKEY 1

South Windsor Arena, Inc
PO Box 88 South Windsor, CT 06074-0088
<http://www.hockey1.com>
<http://www.facebook.com/swahockey1>

