



Program Registration and Release Form

Participant's Information

First Name _____ Last Name _____ M/F _____ Birthdate _____
Day/Mth/Yr _____

Street Address _____ City _____ Postal Code _____

(____) _____
Home Phone _____ Email Address _____

Parent's Name _____ Parent's Name _____

(____) _____ (____) _____
Parent's Cell Phone _____ Parent's Cell Phone _____

Any Allergies or Medical Problems (i.e. ADD/ADHD, Seizures, etc.)? YES No
If yes, please specify and indicate what treatment is used.

Ice Shed Program

- Pre-skate Program
- Learn to Skate Program
- Advanced Learn to Skate / Power Skate
- Adult Skate
- Learn to Play Hockey
- Hockey Skills

Payment Information

Once registration is received, an invoice will be sent to you which you can pay online.
If you prefer, we do also accept payment in cash and cheque.

Waiver & Release Form

The undersigned, hereby acknowledges that the sport of hockey and skating has inherent risks of injury. In consideration of _____, (The "participant"), enrolling in a program of instruction with The Ice Shed, the undersigned hereby:

1. Releasees and discharges the Companies, its directors, employees and agents (the "Releasees") from any and all liability from any injury to the participant however occurring, whether from negligence on the part of the Releasees or otherwise; and
2. The undersigned hereby agrees to indemnify and save harmless the Releasees from any and all causes of action brought against them on behalf of the participant as a result of any injury to the participant however occurring.

Media Policy Statement

I agree that The Ice Shed may use my likeness or my child/children's likeness, voice and/or words in television, radio, film, newsletters, magazines, and other media; and in any form not heretofore described for the purpose of advertising or communicating activities of The Ice Shed. Parents will be notified of any use in advance. YES / NO (please circle)

Privacy Policy Statement

The Ice Shed respects your privacy and personal data. The Ice Shed will not release, sell or rent any personal information that you provide to us to any outside companies or mailing lists.

Consent

By submitting your registration information and signing this form, you indicate that you agree to the waiver and release of The Ice Shed.

Signed on _____ day of _____, 20__ at Oshawa, Ontario.

Name of Parent or Guardian
(Please Print)

Signature