

SELECT SKILLS HOCKEY™

Camp Registration

Camp: _____

For Select Skills Use:

Amt Paid:					Cash
					Check
					Credit Card
Attendance Code:	FT	6P	WO	MC	TD
CC Type:	Visa	Amex	Discover	MasterCard	
Name on Card:					
CC #:				Exp:	

Player Information:

Name: _____ DOB: _____

Current Team: _____

Shots: Left Position: Forward
 Right Defense
 Goaltender

Parent/Guardian Information:

Parent(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone(1): _____ Phone(2): _____

Cell Phone: _____

Email(1): _____

Email(2): _____

RELEASE OF LIABILITY/AKNOWLEGMENT OF RISK

I/We the parent/guardians of the above named tryout candidate of the Select Skills Hockey hereby gives my/our approval to his /her participation in any and all activities related to the Select Skills Hockey. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Select Skills Hockey and any and all of it's agents, including without limitations its assignees, the organizers, supervisors, participants for any and all related claims to said activities. In addition, I/We verify that the above named skater is in good health. I understand that I must pay the required tuition prior to participation in the activities.

MEDIA DISCLAIMER

I/We the parent/guardians of the above named participant of Select Skills Hockey agree to the use of Media by Select Skills Hockey. Photos including, but not limited to, team photos, individual player's photos, and action shots taken during the games & practices will be used on the Select Skills Hockey website and associated websites as well as other forms of media. By signing below, I/we acknowledge and approve of the use of our child's photographs and/or name in media and promotion of Select Skills Hockey.

PAYMENT AGREEMENT

I/We the parent/guardians of the above named participant of Select Skills Hockey agree to make scheduled payments. I understand that failure to meet scheduled payments may result in player termination from participation in Mass & USA Hockey sanctioned events. The player's name may also be reported to credit agency for financial resolution. In the case of a rink closure, Select Skills reserves the right to credit the missed session at a later date. Tuition refunds are not offered under any circumstance.

Parent/Guardian Signature: _____ Date: _____

CROSS OVER YOUR EDGE™



DEVELOPMENT

BALANCE

EDGEWORK

STRIDE

SPEED

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