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CARENCRO LA 70520
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www.hockeyplex.com

PARTICIPANTS NAME: _____ DATE OF BIRTH: _____

PARENTS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____

SKATING PROGRAMS:

PROGRAM NAME & LEVEL: _____

START DATE: _____ DAY: _____ TIME: _____

HOCKEY PROGRAMS:

PROGRAM NAME & LEVEL: _____

START DATE: _____ DAY: _____ TIME: _____

PAYMENT INFORMATION:

PROGRAM COST: _____ CASH CHECK (PAYABLE TO LOUISIANA HOCKEYPLEX)
 MASTERCARD VISA AMEX DISCOVER

CARD NUMBER: _____ EXPIRY DATE: _____ CVC CODE: _____

NAME ON CARD: _____

CC BILLING ADDRESS: _____ CITY: _____ ZIP: _____

PAYMENT RECEIVED BY: _____

READ BEFORE SIGNING – AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

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

1. The risk of injuries 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 risk, 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 for participation. If however, I observe unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and,
4. For myself and on behalf of my heirs, assign personal representatives and next of kin, hereby release and hold harmless Firland Management, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premise used to conduct the event ("releasees") with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees otherwise.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

SIGNATURE: _____ DATE: _____