

****NO FAXED COPIES WILL BE ACCEPTED****



P.A.H.A REGISTRATION FORM 2010 SPRING SEASON

Name of *incredible* ICE Program: PAHA 2010 Spring Season

Participant's Name: _____ Player or Goalie _____

Position Fwd or Def? _____ Program and Division last season _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): (____)-____-____ (C): (____)-____-____ (W): (____)-____-____

E-Mail Address: _____ Division registering for: _____

Male Female Age: _____ Date of Birth: _____

Medical Conditions: _____

Emergency Contact: _____ Relationship: _____

Phone (H): _____ (W) _____

LIABILITY WAIVER (To be signed by parent or guardian)

ASSUMPTION OF RISK: I understand that participation in ice skating and ice hockey can and often does involve risks of injury, including but not limited to death, serious neck and spinal as well as other serious injuries or impairments of the body. I hereby agree to release and agree to waive any right to make any claim against Incredible Ice, LLC, Panthers Hockey LLLP, Florida Panthers Hockey Club, Ltd., Arena Operating Company, LLC and their respective employees, agents, representatives, coaches and volunteers ("Released Parties") and to hold the Released Parties harmless from any liability, actions, causes of actions, debts or demands of any kind and nature whatsoever which may arise by or in connection with participation in any activities conducted by Incredible Ice, LLC or held at Incredible Ice. The terms hereof shall serve as a release for my heirs, estate, administrator, assignees and for all members of my family. I, the undersigned hereby acknowledge that I have read and fully understand the registration/liability release form and hereby agree to participation in the Incredible Ice program.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I, the parent or guardian of the participant, understand that *incredible* ICE **does not** issue refunds on group lessons or hockey programs.

INITIAL _____

I, the parent or guardian of the participant, understand that *incredible* ICE **will not** carry over current enrollments to a future session.

INITIAL _____

In order to ensure a well balanced league, *incredible* ICE reserves the right to move players at any time during the season.

INITIAL _____

Signature of Parent/Guardian: _____ Date: _____

**BIRTH CERTIFICATES MUST ACCOMPANY ALL NEW REGISTRATIONS
PROOF OF USA HOCKEY MEMBERSHIP MUST ACCOMPANY ALL REGISTRATIONS.
Enrollment Fee = \$495.00**

CC TYPE _____ CC # _____ EXP DATE: ____/____/____ SEC# _____

I _____, authorize *incredible* ICE to charge my credit card for the above amount.

SIGNATURE: _____ DATE: _____