

# ICE COUGARS BANTAM & MIDGET SUMMER SKATE & LEAGUE PAYMENT FORM



Players Name: \_\_\_\_\_

Norcal 2007-2008 Season Team: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SUMMER REGISTRATION FOR:

**BANTAM/MIDGET SKILLS & SCRIMMAGE**  
17 Weeks: \$249

**SUMMER LEAGUE**  
\$295.99 if paid by 4/14/08  
\$329.99 if paid after 4/15/08

## PAYMENT TYPE:

**CHECK**  Please mail to address below or bring directly to rink.

**CASH**  Please make cash payments directly to Chris Hathaway at the San Mateo rink.

## CREDIT CARD: Please completely fill out information below: VISA OR MASTERCARD ONLY

Cardholders Name: \_\_\_\_\_ Card Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ (REQUIRED) EXPIRATION DATE: \_\_\_\_\_  
(3 digit number on the back signature strip of the card)

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**TOTAL CHARGE:** (circle one)    \$249 (skills/scrimmage)    \$295.99 summer league paid by 4/14/08  
\$329.99 summer league paid after 4/15/08

I hereby authorize the Ice Cougars to charge my credit card for the amount indicated above:

Signature of Cardholder \_\_\_\_\_

Credit Card forms may be returned by mail, fax or directly to the Ice Center of San Mateo rink.

**Mail to:** ICE Cougars  
2202 Bridgepointe Parkway  
San Mateo CA 94404

**Fax to:** 650-574-4926

**ICE COUGARS**  
**BANTAMS & MIDGETS**  
**SUMMER PICKUP & LEAGUE**  
**INDIVIDUAL PLAYER REGISTRATION FORM**

ICE CENTER OF SAN MATEO

2202 Bridgepointe Parkway

San Mateo CA 94404 650-574-1616

email: sanmateo@icecenter.net

Fax: 650-574-4926

Player Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2007-2008 Norcal Team: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**A COMPLETED PAYMENT FORM IS REQUIRED FOR EACH PLAYER**

**BANTAM/MIDGET Skills/Scrimmage**  
17 Weeks Prepaid: \$249

**BANTAM/MIDGET LEAGUE**  
\$295.99 if paid by 4/14/08  
\$329.99 if paid after /15/08

**WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY**  
**PLEASE READ CAREFULLY**

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in ice skating, and all sports relating thereto. Accordingly, in consideration of myself, or my child being allowed to participate in any skating activities and/or other activities at Ice Center, I agree to the following:

**1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (or child) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (or child) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.**

**2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.**

**3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE ICE CENTER ENTERPRISES LLC, AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASEES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTYS ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (or child) ACTIONS.**

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child.

Name of Participant (printed): \_\_\_\_\_

Signature of Participant  
Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent  
or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ **(PLEASE SEND WITH COMPLETED PAYMENT FORM)**