

ICE COUGARS MITE, SQUIRT & PEE WEE SUMMER PICKUP & LEAGUE PAYMENT FORM



Players Name: _____

Norcal 2007-2008 Season Team: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

SUMMER REGISTRATION:

SQUIRT/PEE WEE PICKUP
18 Weeks Prepaid: \$249

MITE PICKUP
17 Weeks Prepaid: \$229

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 AND MASTERCARD ONLY

Cardholders Name: _____ Card Mailing Address: _____

City: _____ State: _____ Zip: _____

Card Verification Number: _____ (REQUIRED)
(3 digit number on the back signature strip of the card)

EXPIRATION DATE: _____

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TOTAL CHARGE (circle one): \$249 \$229

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

MITE, SQUIRT & PEE WEE SUMMER SKATE 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

SQUIRT/PEE WEE Skills/Scrimmage
18 Weeks Prepaid: \$249.00

MITE Skills/Scrimmage
17 Weeks Prepaid: \$229.00

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)**