



2012 SPRING GIRLS HOCKEY DEVELOPMENT



ICE DEN ♦ 9375 E. Bell Rd., Suite 101, Scottsdale, AZ 85260
 480-473-5808 ♦ FAX: 480-585-9117 ♦ www.coyotesice.com

REGISTRATION INFORMATION

Player's First Name	Last Name
Address	City
() _____ Home phone	() _____ Work phone
() _____ Emergency phone	() _____ Cell phone
Emergency contact name	State
Mandatory E-mail	Age
Mother's Name	Date of Birth
Father's Name	Zip

APRIL 15-JUNE 3, 2012 SUNDAYS (NO CLASS 5/13)
Off-ice: 2:45-3:30 PM (Ice Den Training Center)
On-ice: 4:00-5:00 PM (Check Lobby Monitors for Rink)
**June 3: 3:30-4:45pm (off-ice) & 5:10-6:10pm (on-ice)*
\$110 FOR 6-ON-ICE & OFF-ICE SESSIONS
 (PRO-RATED AT \$30 PER SESSION)

PROGRAM QUALIFICATIONS:

- MUST HAVE COMPLETED THE INTRODUCTORY LEVEL A/PRE HOCKEY OR INITIATION PROGRAM.
- YOUTH AGES 5-17YRS AND LADIES 18+
- FULL EQUIPMENT REQUIRED.
- MUST PROVIDE PROOF OF CURRENT 2011-12 USA HOCKEY CONFIRMATION AT TIME OF REGISTRATION.

Program Registration Policies: All programs must be paid in full at time of registration. Ice Den reserves the right to reschedule, change, or cancel a program due to uncontrollable circumstances. Ice Den reserves the right to revoke participant privileges and future registration in any program offered at this facility.

Agreement To Use Facilities of the Ice Den: Important: This is a legal document; please read in full and understand before signing.

Assumption of Risk: In consideration of being permitted to participate in skating and hockey related activities at the Ice Den, I hereby agree to the following: I understand and appreciate that: there are risks of serious personal injury in connection in participating and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Coyotes Ice, LLC ("Ice Den"), and any of their affiliates and subsidiaries, their promotional sponsors and advertisers and their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, including but not limited to lost, stolen or damaged goods, that I may sustain while participating in hockey, skating and all related activities at the Ice Den.

Consent to Treat: Consent to Use of Image, Etc.: I certify that, as parent or guardian of said participant, I give my consent to Ice Den and staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at Ice Den. I hereby give my consent to Coyotes Ice, LLC to use my image/likeness (or in the case of a child...my child's image/likeness) for the purpose of inclusion in any publications related to the Ice Den.

Refund Policy: No Refunds will be given to a registrant who leaves because of their own desire or fails to attend. The only exception being a major medical issue affecting the registrant and accompanied by a physicians note.

Player and/or Parent/Guardian Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: **CoyotesIce, LLC**
 ALL FEES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION.
 ALL CHECKS WILL BE PROCESSED ELECTRONICALLY IN ACCORDANCE WITH THE "CHECK 21" LAW.

() CASH () CHECK#: _____
 () VISA () AX () MC () Discover #: _____ Exp. Date: _____ CVC # _____