



Bandits Registration Form

Contact Information

Player Name	
Date of Birth	
Parent Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address 1	
E-Mail Address 2	

Hockey Experience

Position	
Association 07-08	
Level of Play 07-08	

Agreement Waiver

I, as the parent or legal guardian of the above named minor/participant acknowledge that ice hockey and its associated activities are part of a "contact" sport and accordingly assume the risk of loss, injury or damage during or resulting from participant's involvement in Foothills Hockey Association's Summer Programs. Further, as a condition of participant's involvement, I, for myself and participant, all heirs, executors, administrators, successors and assigns, do release, hold harmless and discharge, FHA and its agents, servants, and employees from and loss, injury or damage, however caused, whether negligent or not, resulting directly or indirectly from participants involvement in any FHA activity regardless of location.

I also agree that FHA does not warrant, in any form, or guarantee any instructional materials or programs used during the camps/clinics.

I also acknowledge that no portion of my registration fee, which must be paid in full prior to the participant's involvement, will be refunded if participant does not, regardless of reason, complete the camps/clinics.

I also acknowledge and agree that FHA reserves the sole and exclusive right to use any photographs and likeness taken, or created as a result of the camp/clinics, for advertising and/or instructional purposes without cost or charge to FHA.

Signed: _____

(Parent or guardian signature is required on all applications)