



AMOUNT PAID	_____
METHOD	_____
INITIAL	_____
DATE	_____
RE REG	_____

(For Office Use Only)

Skater's Name _____

Address _____

City/State/Zip Code _____

E-Mail _____

Telephone _____

Emergency Telephone # _____

Parent/Guardian Name _____

Date of Birth _____

Age _____

Position _____ **YRS EXP./Last Level Played** _____

Registration For Which Program: _____

Jersey Size	BOYS/MEN	SMALL/MEDIUM/LARGE/XLARGE
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Policies & Procedures

In consideration of being allowed to participate in any way in OCEAN ICE PALACE INC. athletic/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardians(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such conditions (s) and refuse to participate
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.
3. Assume all the foregoing and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant to sue OCEAN ICE PALACE, INC. its officers and members, agents and servants, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises known as Ocean Ice Palace, Inc. used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GAVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

PRINTED NAME _____ DATE _____

SIGNED _____ DATE _____

NO REFUNDS FOR ANY REASON WHATSOEVER. SORRY, NO EXCEPTIONS
197 Chambers Bridge Road Brick NJ 08723 (P) 732-477-4411 (F) 732-477-1167 www.oceanhockey.com