Big Bear Ice Arena In-House Spring Program Registration Form

Player First Name			
Player Last Name			
USA Hockey Registration	on Number:		
DOB:	_		
Gender:			
Address:			
City:			
Zip:	State:	Country:	
Player E-Mail:			
Father Name:			_
Mother Name:			
Parent E-Mail:			
Position Played at Winte	er Team:		
Height:			
Weight:			
Jersey Size (YS/YM/YL/	'AS/AM/AL/AXL): _		
Soot (L/R):			
Winter Coach Name:			
Winter Coach Phone: _			
Winter Coach E-Mail:			
Winter Team:			
Winter Team Level:			

To keep your spot you have to apply with \$150 nonrefundable fee deposited by February 1st 2010.

PAYMENT OPTIONS 1. Include your credit card information. **Credit Card Information** Name on Card: _____ Visa MasterCard Exp. Date: 2. Call Andrei V. Krivokrasov at 720-227-5375 3. Mail check payable to: Big Bear Ice Arena/ In-House Spring Program 8580 E Lowry blvd, Denver, CO 80230 ASSUMPTION OF RISK. Ice skating/hockey is an active sport with significant inherent risks of injury. As such, I freely agree to assume and accept any and all known and unknown risks of injury while skating, and agree to release the program director, operator, and all those associated with the facility from any and all liability for any loss, damage and/or injury that I may suffer while skating from any cause whatsoever, including NEGLIGENCE. BY SIGNING THIS ENROLLMENT APPLICATION, I AM AGREENG TO BE BOUND BY ITS TERMS.

Player Signature

Parent Signature