



CLINIC AND CAMP REGISTRATION FORM

Clinic Name: _____ Date of Clinic: _____ Clinic Session: _____

Position: _____ Current Team: _____ D.O.B: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Emergency/Cell Phone: _____

E- Mail Address: _____

<u>Payment</u>					
Cash	Check	Visa	MasterCard	Amex	Discover
Full Name on Card: _____			Exp. Date: _____		
Security Verification Code: _____			Amount to be Charged: _____		
Credit Card Number: _____					
Signature: _____					

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES: an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of Injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and PROVIDE FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an UNDERSTANDING NOT TO SUE the RELEASES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or anyone of them whether the claim is based on the negligence or the gross negligence of the RELEASES or otherwise. I HAVE READ THIS DOCUMENT THOROUGHLY. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date

Competitive Goals Hockey Training
121 Donald Lynch Boulevard, Marlborough MA 01752
Phone: (508) 624-9191 Fax: (508) 624-9192
www.competitivegoals.com