



October 23, 24, 25, 2015  
Mini-Camp Registration

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**SKATER'S INFORMATION**

LAST NAME:

FIRST NAME:

STREET  
ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

CELL PHONE:

DATE OF BIRTH:

COACH:

CURRENT  
ORGANIZATION

2015-16 USA  
HOCKEY  
REGISTRATION #

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**EMERGENCY CONTACT INFORMATION**

LAST NAME:

FIRST NAME:

HOME PHONE:

CELL :

INSURANCE  
CARRIER

POLICY  
NUMBER

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## PROGRAM

LEVEL

Mites and Squirts (birth years: 05, 06, 07) \$140

Peewees and Bantams (birth years: 01, 02, 03, 04) \$160

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## WAIVER AND RELEASE

The undersigned wishes to participate in the fall hockey clinic being offered by the Mosinee Hockey Club with the Next Level Hockey Training Program, fully understanding and appreciating the inherent risks involved in the program, including, without limitation, the risks inherent in the sport of ice hockey, which include injury from pucks, skates and sticks, and injury from collision with fellow competitors or with the goal, the ice, training equipment or the boards surrounding the rink. For myself, my heirs and legal representative, I do hereby release, indemnify and agree to hold harmless the Mosinee Hockey Club and the Next Level Hockey Training Program and its sponsors and promoters of this program, and their respective officers, directors, representatives, employees and agents, and all volunteers and other participants and fellow competitors, of and from any and all losses, costs, damages, claims, demands, rights, and causes of action of whatever kind or nature, including any and all negligence claims or causes of action which result from illness, personal injuries, property damage, death or of any other damages or injuries occurring during or as a result of my participation in the Mosinee Hockey Club's Fall Warm-up.

In further consideration of my being granted the right to participate in the Mosinee Hockey Club's Fall Warm-Up, I do hereby consent to and authorize the Mosinee Hockey Club and The Next Level Hockey Training Program to obtain emergency medical treatment for me if I am injured during my participation in the event. I agree that I will be responsible for any medical costs incurred with respect to such emergency medical treatment. I acknowledge that the Mosinee Hockey Club and Next Level Hockey Training Program, its sponsor and promoters, and their respective agents, employees and volunteers are not medical service providers, and I agree to release, indemnify, and hold harmless the Mosinee Hockey Club, and the Next Level Hockey Training Program, its sponsors and promoters, and their respective officers, directors, representatives, employees and agents, from any claim or cause of action whatsoever arising out of the administration of emergency medical treatment to me.

I agree to adhere to and abide by all safety rules and regulations of the Mosinee Hockey Club and The Next Level Hockey Training Program, including the wearing or use of any required safety equipment or clothing. I further consent to allowing any photographs taken during the session to be used by the Mosinee Hockey Club or The Next Level Hockey Training Program for any purpose they deem appropriate. I am of legal age and am fully competent. I have read this Waiver and Release and fully understand it. If I am not of legal age, I acknowledge that this form has been read by my parent or legal guardian whose signature appears below.

Skater's Name:

Parent or Guardian  
(printed)

Parent or  
Guardian  
(signature)

Date:

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## PAYMENT AND MAILING

Please make checks payable to: Mosinee Hockey Club and send registration to:

Chad M. Ellis

2145 Dorie Lane

Mosinee, WI 54455

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