

**MWVYHA  
Hockey Camp  
Registration Form**

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**I give my son/daughter permission to participate in the MWVYHA  
Hockey Camp at the Ham Arena and release the MWVYHA and the  
Ham Arena from any liability or injury which may occur as a result of  
participation.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

**PLAYER INFORMATION**

\_\_\_\_\_  
Last Name (printed)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
USA Hockey #

\_\_\_\_\_  
Home or Physical Address-Street-Box-Town-Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency Contact (name & phone #)

**Circle the Age Group Your Son/Daughter will participate in:  
(Circle group as of Winter 2021/2022)**

**Final Year of 8U or 10U/12U**

**14U/High School**

**Payment**

**Cash**

**Check**

**(Mail payments to MWVYHA, PO Box 948 Conway NH, 03818)**

*Cost is \$100. Cost guarantees (4) 1-hour sessions with instruction from the KHS  
Coaching Staff. 1 Session Friday Night, 1 Session Saturday Morning, 1 Session  
Saturday afternoon and 1 Session Sunday Morning.*

*\*Goaltender pricing differs from above pricing. Please contact coach Lane for details.*

**Any medical concerns: Explain Below** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SIGN THE BACK OF THS SHEET!!!**

**MWVYHA**  
**Release and Waiver of Liability and Indemnity Agreement**

**In consideration of the permission granted to my child,**

\_\_\_\_\_  
**(Print Name of Child)**

Participant, to participate in the MWVYHA Camp, I/we do release, waive, discharge and covenant not to sue the MWVYHA and its MWVYHA staff including its paid and/or volunteer agents and/or from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of our child, and/or employees while I participate in the MWVYHA Camp.

I/We further agree to indemnify the MWVYHA and their paid and/or volunteer agents and/or employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the MWVYHA, their paid and/or volunteer agents and/or employees become legally obligated to pay including reasonable attorney's fees and costs, as result of claims, demands, costs or judgments against the MWVYHA and/or MWVYHA their paid and/or volunteer agents and/or employees on account of injury to the person or property or resulting in the death of our child, whether or not caused by the negligence of the MWVYHA, MWVYHA, its paid and/or volunteer agents and/or employees, and whether or not such liability is sole, joint or several.

I/We are aware that participation in this program may present strain on my child's body, or parts and therefore I represent to MWVYHA that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in that I/We assume the risk participating.

I/We understand that in case of injury or illness, I/we will be notified. If its is impossible to contact either of us and it is an emergency, I/We give permission to the attending physician to treat, hospitalize, administer anesthesia, or to other injections or surgery for the safety of my/our child.

I/We, the parent/legal guardian of my/our child who is participating in these programs, have read the release and understand all its terms. I/We execute this agreement voluntarily and with full knowledge of its significance. I/We have executed this release on the date below indicated.

I herby authorize the MWVYHA to use photographs and video of my child to promote these programs.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Parents Name Clearly

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work or Cell Phone

\_\_\_\_\_  
Additional Emergency Contact/Relationship/Phone Number

Please list any health concerns of your child of which staff should be informed: