

MV Arena
High School Summer Hockey League 2011
Application/Waiver

Name: _____

Address: _____

Phone: _____ E-mail: _____

Age: _____ Last Year's Team & Level: _____

2011-2012 Class: (circle one) 8th Grade Freshman Sophomore Junior Senior

Position preferred: (circle one) Forward Defense Goal

10 Games (8 + Playoffs) on Sunday and Tuesday nights 7/17/11 - 8/16/11
Cost: \$175.00

Please make checks payable to: MV Arena

Mail to: MV Arena, Box 2062, Vineyard Haven, MA 02568

Release of Liability / Acknowledgement of Risk

Upon entering events sponsored by the MV Arena, I agree to abide by the rules of USA Hockey as currently published. I understand and appreciate that participation or observation of the sport of ice hockey constitutes a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk and release the MV Arena, its affiliates, their sponsors, event organizers and officials from any liability therefore.

I have read and understand the Release of Liability Policy and agree to all the terms and conditions specified therein.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

All application/waiver forms and payment in full must be received no later than July 13, 2011 in order for player to participate.