

LEGEND HOCKEY SUMMER 2011 CAMPS

Player's Name: _____ Birth Date: _____

Address: _____

Phone: _____ E-Mail: _____

Position: F D G

Jersey Size: YM YL S M L XL XXL

Camp Attending: _____

2009-2010 Team: _____

Coach: _____ Coach's Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Payment Method

Check or Money Order

Make Checks Payable to: Legend Sports Institute

Visa or Mastercard

_____ Card #

_____ Expiration Date

_____ Signature

Medical Release

I _____ (parent/guardian) do hereby voluntarily consent to such hospital and/or medical treatment encompassing diagnostic procedures, which may be necessary in the event _____ (player) incurs injury while participating in Legend Sports Institute Hockey Camps. I also authorize Legend Sports Institute to proceed with obtaining whatever source of medical treatment they deem appropriate at the time of the incident.

_____ Participant Signature _____ Date _____ Parent/Guardian Signature _____ Date

Insurance Company: _____ Policy/Group Number: _____

Release of Liability/Acknowledgement of Risk

Upon entering events sponsored by Legend Sports Institute, I agree to abide by the rules of the Legend Sports Institute. I understand and appreciate that participation in or observation of the sport of 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 hold harmless Legend Sports Institute, all employees, instructors, and volunteers for any claim whatsoever. I have read and agree with the above statements.

_____ Participant Signature _____ Date _____ Parent/Guardian Signature _____ Date