

Mite Mania 2012



Application

Player Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Year:    \_\_\_ 2004    \_\_\_ 2005    \_\_\_ 2006    \_\_\_ 2007/8

(Please check one)

Space is limited and secured on a first come, first serve basis.

To reserve your spot, remit a \$50 deposit payable to "Clifton Park Ice Arena"

Clifton Park Ice Arena  
P.O. Box 5384  
Clifton Park, NY 12065

**Please Read:**

*Waiver*

I assume all risk and damage incidental to the game of hockey including but not limited to the danger of being injured by puck, hockey stick, and other players. I do hereby forever release and discharge all claims, actions, and causes of action against all players, coaches, and persons associated with Clifton Park Ice Arena LLC for injuries to life, limb, or property, directly or indirectly arising out of playing hockey.

Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Please sign)

Clifton Park Ice Arena

518-383-5440