

Mitc Mania 2010 Application

Player Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Birth Year: ___ 2002 ___ 2003 ___ 2004 ___ 2005/6

(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