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| **BROOKS & BROOKS HOCKEY CLINICS****Clinic Registration Form**Phone: 616-516-3116 Alex BrooksTo enroll, complete this form to submit either electronically through Abroo411@gmail.com or mail in to address below. Forms will not be accepted without a signature (electronic registrations only require legal guardian's signature). ***NO CHILD WILL BE ALLOWED ON THE ICE WITHOUT PRIOR PAYMENT.***To submit forms and/or payment via mail, please send to:Alex Brooks7307 Buist StJenison, MI 49428***Please make checks out to Alex Brooks***Check the camp session you are registering for: Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Jersey Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Summer Session:** (July 7-Aug 9*)*  (10 Skates) **Pre-registration & Payment Deadline**: Please submit pre-registration form and payment AT LEAST 24 hours**.** This will ensure the participant’s spot and allow B&B to order correct size of jersey for each participant.  (*We request a 24 hours notice on new skaters under the age of 8 years to allow for any additional coaching staff to accommodate all age groups*)**Participant Information (**Please Print**):** Name of participant: Name of Parent/Guardian:Mailing Address: City:State: Zip: Phone:Email Address: School/Last Team: Position: Insurance Company: Policy Holder: Emergency Contact: ***Any Immediate Medical Concerns***: **Waiver Statements;**The camp does not provide any medical coverage outside of the affiliation with Walker Ice & Fitness. Any injuries obtained while under the camp supervision will not fall upon the B & B Hockey Clinics. All participants are requested but not require to have his or her own insurance policies. PLEASE PRINT THIS IMPORTANT INSURANCE INFORMATION CLEARLYParticipant's Insurance Policy Number: Name of Policy Holder:I/We the undersigned, hereby certify that I (we) are the parent or legal guardian of the participant. I hereby give permission for the staff of B & B Hockey Clinics to seek during the period of the camp, appropriate medical attention to be given and for the camper to receive medical attention in the event an accident may occur during a on-ice or off-ice activity. I will be responsible for any and all costs due to medical coverage of the person involved. I/We undersigned, for ourselves, our heirs, executors, waive and forever discharge all rights to claim on damages, injuries or loss to person's property which may be sustained or acquired during the hours of clinic participation. Whether or not damages, injuries, or loss to person's property is due to negligence of the staff or any other person within B & B Hockey Clinics. I/We the undersigned fully understand that B & B Hockey Clinics will not be held liable for any occurrence at camp.   Signature of Player                                           DateSignature of Legal Guardian                               Date |
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