



Casey Kesselring Hockey Camps

The Ice Den Arena, 600 Quality Drive, Hooksett, NH 03106
Tel: 603-688-0795 / FAX: 603-668-1798

Player Registration and Release Form

(Required for All Participants for On-Ice Activities)

Please Read Carefully and Complete

**PLEASE MAKE YOUR NON REFUNDABLE PAYMENTS TO THE ORDER OF
ICE DEN ARENA**

**Specific Program: (H S Development, H S Showcase League, Pro/Am League,
Sunday Skills, Specialty Camps, etc.)**

Program Desired: (please specify) _____

Date ____/____/____

Player Name _____

Date of Birth ____/____/____ Position: _____

Address _____ City _____

State ____ Zip Code _____ Home Phone (____) ____ - _____

Email _____ Fax (____) ____ - _____

Last Team Played For: _____

Parents/Guardians: (If under 18 years of age)

First Names _____ & _____ Last Name _____

Work Phone (____) ____ - _____ / (____) ____ - _____ ext. ____

Release and Acknowledgment:

I am aware that hockey is a contact sport. I agree that the Ice Den Arena, and their agents, sponsors, owners and employees shall not be liable to me for any injury resulting directly or indirectly from any participation with the Ice Den Arena, whether from skating or ice hockey, whether incurred on the ice or in or about buildings and grounds. I further agree that I discharge the Ice Den Arena, and their agents, sponsors, owners and employees from all claims and demands that I may have for any injury or damage. I agree that my "Release and Acknowledgment" discharge shall bind my heirs, legal representatives and assigns, and shall inure to the benefit of the Ice Den Arena, and their agents, sponsors, owners and employees and their successors and assigns. I certify that I am (or the above named child is) physically and medically qualified to participate in any and all activities of the Ice Den Arena.

Medical Release:

As parent or guardian of the above named child, I authorize the Ice Den Arena coaches or manager to authorize medical assistance for him/her in the event that I am not present. This authorization will remain in force through 2008.

My child is allergic to the following medication(s): _____

The above named child is under a physician's care for and/or has the following special condition:

Signature (Participant/Guardian): _____ **Date:** _____