



DEFENSEMAN/BATTLE CAMP
Monday July 17 to Thursday July 20
\$250.00

Name: (First) _____ (Last) _____

D.O.B. ____/____/____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail _____

Parent's Name: _____

Work Phone: _____ Cell Phone: _____

Position (circle one) DEFENSE FORWARD
Level: (circle one) SQUIRT PEEWEE BANTAM MIDGET JUNIOR

PLAYERS PLEASE BRING YOUR OWN JERSEY

Are you currently a member of USA Hockey? **YES** _____ **NO** _____
If **yes**, Please submit a copy of your card or proof of USA Hockey Registration.
If **no**, Please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault.
Please note registration for players born 2011 & younger are free.

PAYMENT POLICY & INFORMATION

NO REFUNDS

Total Amount: _____

Amount Paid: Check # _____ MC/Visa _____ AMEX _____ Discover _____

Card Number: _____ Exp: ____/____/____ Code: _____

Name on Card: _____ Signature: _____

WAIVER RELEASE

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ Date ____/____/____