



SATURDAYS  
2:00PM - 3:00PM

# LEARN TO PLAY SESSION DATES

Barcode: 11311      Spring 2019      March 23- May 4      7 Weeks      \$ 140.00

### MUST HAVE:

- Must have successfully completed Allen Academy of Skating’s Hockey 1 class. Certificate required to register in HIA.
- All participants must have a current USA Hockey Membership to participate. Please produce your membership number at the time of registrations. You may obtain you annual membership at [usahockeyregistration.com](http://usahockeyregistration.com) before registering for HIA. This membership is valid from September 1 - August 31. **USA HOCKEY MEMBERSHIP #:** \_\_\_\_\_

### PLAYERS REGISTRATION FORM:

Player’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Boy Girl

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, AND WAIVER OF CLAIMS AND ASSUMPTION OF RISK**

For and in consideration of my/our participation in the programs, membership and activities offered by the City of Allen, I herby agree to release, acquit, hold harmless, forever discharge and waive any and all claims that I/we may have against the City of Allen, its officials, officers, agents, representatives, employees, and volunteers in whole or in part, in both their private and public capacities (hereinafter collectively referred to as "release") from any and all actions, causes of actins, claim, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in any way arising out of or connected in any manner with my/our participation in the activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or cost caused by or related to any negligent or intentional act of release. I further agree pictures taken of me and/or the registrant during the activities may be used by the City of Allen for promotional purposes in the Activity Guide, brochures, flyers, news releases or the City website.

Signature of Parent or guardian of minor: \_\_\_\_\_ Date: \_\_\_\_\_

John McManaman ★ [jmcmaman@alleneventcenter.com](mailto:jmcmaman@alleneventcenter.com)

Allen Community Ice Rink ★ 200 E. Stacy Road, #1350 ★ Allen, Texas 75002 ★ 972.912.1097 ★ [cityoffallen.org/ACIR](http://cityoffallen.org/ACIR)