

Aspen Mail-in Registration Form 2010

Mail to:
Bob Johnson Hockey School
233 West Hyman
Aspen, Colorado 81611
FAX: 970-920-5706
Phone: 970-920-5141

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____

Birth date: _____ Age as of (7/22/10) _____ Position _____ Hockey Experience (years) _____

Applicant's Medical Coverage _____

Payment Method Visa _____ MasterCard _____

Card Number _____ Expiration Date: _____

Name on Card _____ Signature: _____

School Tuition @ \$575.00 = \$ _____

Special Goalie Rate @ \$200.00 = \$ _____

Locker Rental (\$15.00 per session) Locker Total = \$ _____

Payment Registration Amount Due = \$ _____

Participant's Name _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Upon entering events sponsored by the USA Hockey and/ or its member districts, I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release USA Hockey, its Affiliates, The Bob Johnson Hockey School, and/or its representatives, City of Aspen, their sponsors, event organizers and officials from any liability therefore.

**READ ABOVE BEFORE SIGNING*

Participant's Signature _____ Date Signed _____

Parents or guardian's Signature _____ Date Signed _____

MEDICAL TREATMENT RELEASE

Authorization for necessary medical treatment during absence of parent or legal guardians. I acknowledge that necessary medical care may be administered to _____

During my absence or in the event I cannot be reached immediately. The Aspen Valley Hospital and /or any designated physician are authorized to perform this treatment.

Signature of Parent/Guardian _____ Date Signed: _____