

# PROGRAM DETAILS



## WHO

Birth Years 2009-2013

**CURRENTLY ROSTERED TRAVEL HOCKEY PLAYERS ARE NOT PERMITTED IN THE STEEL ICE CENTER IN-HOUSE HOCKEY PROGRAM**

## WHEN



20 Saturday Morning Sessions  
Beginning 8/27  
Ending 2/25



## FORMAT

45 Minutes of Practice  
followed by  
45 Minutes of Game Play

## WHERE



The Steel Ice Center  
320 East 1st Street Bethlehem, PA

## QUESTIONS?

CONTACT MARIE McNALLY at  
steelicehockeydirector@gmail.com



### PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF

#### RISK AGREEMENT READ BEFORE SIGNING

Participant Name \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the Undersigned, acknowledge, appreciate and agree that: 1.) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death; and 2.) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3.) I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and 4.) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE STEEL ICE CENTER, its Officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH, I may suffer, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature / Age / Date

#### FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian signature / DATE

X \_\_\_\_\_  
Emergency phone number



320 EAST 1ST STREET  
BETHLEHEM, PA 18015  
610-625-4774  
WWW.STEELICECENTER.COM

## COST

\$450 Includes:

Jersey

20 Weekly Sessions

45 Minute Practices

45 Minutes of Game Play



## THINGS TO REMEMBER

All on ice equipment

Refillable water bottle

A Good Attitude

# REGISTRATION

Credit Card, Cash, or Check Made Payable to Steel Ice Center  
NO CASH REFUNDS RINK CREDIT WILL BE GIVEN

Skater's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Time Enrollment

YES NO

Jersey Size (Please Circle One)

Youth - XS SM M LG XL

Adult - SM M L XL XXL Goalie

Please Sign Waiver on Back

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RINK CREDIT WILL BE GIVEN