



## Youth League Registration Form

Player's Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Team request only if with a town team. If requesting car pool list individuals. Car pools will be on a case-by-case basis: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Please list any medical information the Twin Oaks Staff should be aware of: \_\_\_\_\_

Method of Payment:  MasterCard  Visa  American Express  Check

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

### *Twin Oaks Ice Rink Cancellation & Credit Policy*

**All fees are non-refundable.** Full credit (which can be used for future programs) minus a \$50 administration fee will be issued prior to August 15, 2008. After August 15, 2008, credit will be given only at the discretion of the General Manager. All fees are non-refundable after the start of the first practice.

### **Registration fee: Individual: \$825**

<b>Division</b>	<b>Birth Year</b>
<input type="checkbox"/> Mite:	2000 or younger
<input type="checkbox"/> Squirt:	1998 to 1999
<input type="checkbox"/> Pee Wee:	1996 to 1997

*Please return completed applications by August 4, 2008. Make checks payable to Twin Oaks Ice Rink.*

### **Waiver & Release Form**

I, x \_\_\_\_\_ do hereby give my approval for the Participant listed above to participate in the Ice Hockey Program at the Twin Oaks Ice Rink. I fully understand that there are many inherent risks, direct and indirect in this program. Being fully aware of these risks, I am willing to permit the Participant, whom I am legally responsible for, to participate in the program. In addition, I am willing to assume all risks inherent in and incidental to such participation, and I hereby release, absolve, indemnify and hold harmless Twin Oaks Ice Rink, LLC, it's Partners, Officers, Employees and Staff, of any claim arising out of any injury, to me or the Participant. I hereby authorize and request Twin Oaks Ice Rink, LLC, it's Partners, Officers, Employees and Staff to act on my behalf according to the best judgment of Twin Oaks Ice Rink, it's Partners, Officers, Employees and Staff under prevailing circumstances in the event of any injury, or in the event that I am not able to act for myself, or the Participant, or I cannot be contacted.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE **FAX** OR **MAIL** COMPLETED REGISTRATION TO:

**Twin Oaks Ice Rink, LLC** 65 Columbia Road, Morristown, N.J. 07960  
Phone: 973-292-5699 Fax: 973-292-5698 Web Site: [www.twinoaksicerink.com](http://www.twinoaksicerink.com)