



Adult Hockey League Payments

Free Agent Full Team

Player's First Name/Last Name _____ Phone _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Team/League _____ Emergency Phone _____

USA Hockey # _____

Payment Amount _____

Circle Payment Method Cash Check# _____ MC Visa Discover Amex

Credit Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____ Date _____

SKATE AT YOUR OWN RISK. NO REFUNDS OR EXCHANGES. NOT TRANSFERABLE.

All participants/parents/guardians/spectators/visitors understand and agree to voluntarily assume all inherent risks related to programming, programming participation or visiting the facility/grounds of City Ice Pavilion including changing conditions of the ice, surface/facility/grounds, collisions/slips/falls, lost/stolen/damaged property, etc. that may result in injury or death. City Ice Pavilion, its owners, employees and vendors shall not be responsible or liable for any claims whatever. City Ice Pavilion has the right to use all photographs or videos for advertising and/or promotional and marketing purposes.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. PLEASE READ THIS CAREFULLY. BY SIGNING THIS YOU MAY BE GIVING UP LEGAL RIGHTS.

Signature _____ Date _____