

McDonald's Mascot Youth In-House League Registration Form – 2015/16

Player Name: _____

Date: _____

Parent/Guardian Name(s): _____

DOB: 2007 – 2008 – 2009 - 2010

Address: _____

Email: _____

Height _____ ' _____ " Weight _____ lbs

Phone Number: (Home) _____

(Work/Cell) _____

School District: _____

School Attended: _____

Grade: _____

CHECK EACH LINE THAT APPLIES:

Regular Player Pricing	Altoona Trackers (Travel Team) Pricing
Season 1 Only: (\$300) _____	Games Only: (\$100 each) Season 1: _____ or Season 2: _____ or Both: _____
Season 2 Only: (\$300) _____	Practices Only: (\$100 each) Season 1: _____ or Season 2: _____ or Both: _____
Both Seasons: (\$450) _____	Season 1 or 2: (\$150 each) Season 1: _____ or Season 2: _____
25% off goalies _____	Both Seasons: (\$225) Both: _____
10% off family members _____	25% off goalies _____
	10% off family members _____

I (WE), THE UNDERSIGNED, FULLY UNDERSTAND AND ACKNOWLEDGE THE HAZARDS INHERENT IN THE SPORT OF ICE SKATING AND/OR ICE HOCKEY, INCLUDING THE POTENTIAL FOR PERSONAL INJURY WHILE ENGAGED IN ANY SUCH ACTIVITY, AND I (WE), AGREE TO ASSUME ALL RESPONSIBILITY FOR AND TO INDEMNIFY AND SAVE THE ICE RINK AND ICE RINKS LIMITED PARTNERSHIP HARMLESS AGAINST ANY LOSS, DAMAGE, COST OR EXPENSE WHICH I (WE) MAY SUFFER, INCUR OR SUSTAIN OR FOR WHICH ICE RINKS LIMITED PARTNERSHIP MAY BECOME LIABLE, GROWING OUT OF ANY INJURY, DEATH OR LOSS OF OR DAMAGE TO PROPERTY OR ANY OTHER ACCIDENT ARISING OUT OF MY (OUR) MINOR CHILD'S USE OF THE ICE RINK AND IT'S FACILITIES, INCLUDING, WITHOUT LIMITATION, AND INJURY OR ACCIDENT SUFFERED BY ME (US) OR MY (OUR), MINOR CHILD WHILE ENGAGED IN ANY SUCH SKATING ACTIVITY.

Signature: _____

Date: _____

Galactic Ice Use:
Total Amount Due: _____

RING UNDER YOUTH IN HOUSE

PLACE RECEIPT HERE

Payment: _____
 Balance: _____
 Payment: _____
 Balance: _____

Payment: _____
 Balance: _____
 Payment: _____
 Balance: _____