

Revolution Ice Centre

**** MIDDLE SCHOOL League 2014-2015 ****

Hockey League

Individual Player Registration Form

Name _____

Parent/Guardian's Name: _____

Address _____

Cell Phone _____

Home Phone _____

Birth Date / /

Gender ☐ M ☐ F

Grade: _____

Email _____

School: _____

USA Hockey NO _____

WAIVER: I agree to waive liability and release any and all claims against PIIR, LLC, owner of Revolution Ice Centre, its officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, from whom I am signing, during the programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and responsibility for all losses and damages incurred as a result of my and/or my children's participation in these activities. I will abide by the Facility's rules, and agree that the Facility's staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent/Guardian/Applicant _____

Date: _____

Costs: \$315.00 per player

All players must be USA Hockey Registered before getting on the ice for 1st game.



12 Old Boston Road, Pittston, PA 18640

570.883.1100

www.revolutionicecentre.com