

Release and Waiver of Liability and Indemnity Agreement

I, parent/guardian of participant _____, acknowledge that ice hockey is a contact sport and sometimes a dangerous activity that can result in physical injury or other damages. I AGREE that Thursday Night Girls Hockey Program, its' officers, agents, servants, employees, coaches, scouts, volunteers and sponsors shall not be liable to me or the participating player for any injury or damage resulting directly or indirectly from any participation with the Thursday Night Girls Hockey Program. In consideration of the Thursday Night Girls Hockey Program accepting the named player, the undersigned hereby acknowledges and agrees that, to the fullest extent of the law, the undersigned will defend, indemnify, discharge, and hold harmless the Thursday Night Girls Hockey Program, and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the named player's participation in any way with the Thursday Night Girls Hockey Program, including without limitation any injuries or damages incurred. During travel or travel related functions to or from any and all organization/team functions. I UNDERSTAND that this agreement shall bind my heirs, legal representatives and all assigns and shall inure to the benefit of Thursday Night Girls Hockey Program, its' officer, agents, servants, employees, volunteers and sponsors, and their successors and assigns. IT IS FURTHER AGREED that the Thursday Night Girls Hockey Program does not and shall not be considered to guarantee or warrant equipment as may be used in the conducting of said activity. Thursday Night Girls Hockey Program reserves the right to use any pictures taken during the activity for promotional or instructional purposes without compensation.

Consent for Medical Treatment of A Minor: As parent or legal guardian of the named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb, or well being of the named player.

Player Signature _____ Date _____

Parent(s) Signature _____ Date _____

(Please sign and mail in with registration on other side)

Thursday Night



Portland, Maine

10 Weeks on Thursdays

Summer Power Skating

June 27th – August 29th (No July 4th)

U-14 Players Min 1 year experience

Portland Ice Arena

7:00 – 8:00 PM

Contact:

Heidi Topchik

510-1273

heiditopchik@gmail.com

Thursday Night



Portland, Maine

Thursday Night Girls Hockey Summer 2013

Join us for a fun summer program of 10 weeks of skating fundamentals and hockey. Keep your skating skills sharp by staying on the ice this summer once a week. Summer ice time is a perfect way to develop skills and your love of the game.

Experienced USA Hockey coaches **Bob Mills** and **Mark Snyder** will focus on power skating techniques, proper positioning and game-strategies. Bob is the head coach of the Cape Elizabeth/Waynflete girls Varsity team. Bob has coached at various levels for 24 years and is an experienced **goalie coach**. Mark is also a veteran girls hockey coach with Casco Bay, Huskies and Scarborough Middle School.

Attention will be paid to individual skill-building and team play. Goalies will work separately with Bob Mills.

Evenings will include skating drills, puck work, shooting, cross-ice play and full ice scrimmages.

Contact **Heidi Topchik**, program coordinator
510-1273
heiditopchik@gmail.com

Registration Form

First Name: _____ Last Name: _____

Age: _____ DOB: _____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency: _____ Phone: _____

Physician Name _____ Phone _____ Hospital _____

Player Experience: # years _____ Teams: _____

Level: Beginner _____ House _____ Travel _____ Middle School _____

Positions: Forward _____ Defense _____ Goalie _____

Cost: \$175 includes 9 hours of on-ice skill building/scrimmages

Goalies: Reduced registration fees

Payment: Checks made out to Heidi Topchik and mailed to Heidi Topchik c/o "Thursday Night Girls Hockey Program" mailed to: 3 Rays Circle, Scarborough, ME 04074

Registration: Confirmation of payment will be acknowledged via email.

Thursday Night



Portland, Maine