

STICKS TRAINING CENTER
Waiver of liability/Health Insurance information

I, _____ parent/guardian of _____ (participant), hereby recognize that participation in the sport of ice hockey, ice skating, or off ice strength training and conditioning and other fitness activities that my son/daughter will participate in during the course of the STICKS Training Center programs can be hazardous even dangerous, and can result in minor or serious injury, even death. For these reasons, I hereby acknowledge that I understand the risks involved in skating, hockey, strength and conditioning and fitness training as offered by STICKS Training Center and, should a medical emergency arise, I grant full authorization for medical treatment to 911 Emergency staff on call. By signing this waiver, I also agree that in no way will I hold Kensington Valley Ice House, STICKS Training Center, Chris Tamer, Doug Chapman, Tom Miller, Brent Lakin or any other camp instructor liable for any such injuries, should they occur. I have fully read this waiver and I acknowledge a complete understanding of the contents of this waiver.

Participant's signature _____ Date _____

Parent's signature _____ Date _____

I, _____ parent/guardian of _____ grant permission to STICKS Training Center to use any photographs taken during the summer camps, training session (either on or off the ice) on their website, in their facility and/or on any STICKS Training Center promotional material.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

Insurance information:

Health Insurance Provider _____

Name of Primary Insured _____

Plan Number _____

Health Insurance contact number _____

Emergency Contact Information:

Name _____ Best contact # _____

Name _____ Best contact # _____

Name _____ Best contact # _____

STICKS TRAINING CENTER Registration Form

Player's Name: _____

Parent's Name: _____

Address : _____

City, State, Zip: _____

Best Contact #: _____

E-mail: _____

Birthdate: ____/____/____

Last Team: _____ Level: _____

Position: _____

How did you hear about STICKS: _____

Course Code: _____

Course Code: _____

Course Code: _____

Jersey Size (summer camps/clinics only): Youth S/M____ Youth L/XL____ Adult S/M____ Adult L/XL____

Age is determined December 31st of current year.

Mail registration to:
10500 Citation Drive. Ste 200
Brighton, Michigan 48116

Make checks payable to Sticks Training Inc.

Visit us at www.stickstraining.com for more information