



# Fall/Winter 2017/18 INHOUSE HOCKEY REGISTRATION Season Starts Sept. 9th

NAME: \_\_\_\_\_ PARENTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(E-MAIL IS REQUIRED)

## Dues Include

**2 Weeks Of Skills & Placement**  
**18 Weeks Of Games & Practice**

JERSEY'S can be ordered During Skills and Placements

## Skills and Placement

**Saturday September 9th • 9:45am (Ages 9 & under) • 11:00am (Age 10 & up)**  
**Monday September 11th • 5:30pm (Ages 9 & under) • 6:00pm (Age 10 & up)**

## Payment Options

### • ATTENTION ALL PLAYERS •

USA HOCKEY SIGN-UP MUST BE DONE ONLINE  
[www.usahockeyregistration.com](http://www.usahockeyregistration.com)

*\*Bring confirmation page when signing up\**

### COST PER PLAYER

\$570.00 For Full Season

### MONTHLY PAYMENT OPTION

1st Payment \$250 (Sign-up),  
2nd Payment \$185 (Nov 7th),  
3rd payment \$185 (Jan 16th)

**Stop By Box Office on Payment dates**

**\$25 Service charge for Rejected card.**

## Terms of Agreement

WAIVER AND RELEASE OF LIABILITY Vacaville Ice Sports  
(HEREBY REFERRED TO AS "LEAGUE") VACAVILLE ICE SPORTS INC., ICE SPECIALTY ENTERTAINMENT, INC.

In consideration of being allowed to participate in any way in sports programs and other sponsored activities at or by LEAGUE, the undersigned acknowledges and agrees as follows:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM MY OWN ACTIONS, INACTIONS, OR NEGLIGENCE, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR COMPETITION AREA OR ANY EQUIPMENT USED, FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME.
2. I AGREE THAT PRIOR TO PARTICIPATING IN ANY ACTIVITY SPONSORED BY LEAGUE, I WILL INSPECT THE COMPETITION AREA AND ALL EQUIPMENT TO BE USED, AND IF, THROUGH MY INSPECTION, I DETERMINE THAT ANYTHING RELATED TO THAT ACTIVITY IS UNSAFE, I WILL IMMEDIATELY ADVISE MY COACH OR AN OFFICIAL OF LEAGUE OF THIS UNSAFE CONDITION AND WILL NOT PARTICIPATE UNTIL THE CONDITION IS CORRECTED.
3. I ASSUME ALL FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY, OR DEATH.
4. I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE LEAGUE, IT'S AFFILIATED CLUBS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, ATTORNEYS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES", FROM DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. I ALSO AGREE TO ABIDE BY ALL RULES OF Vacaville Ice Sports INHOUSE HOCKEY LEAGUE.

-NO REFUNDS-

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Vacaville Ice Sports - 551 Davis Street, Vacaville, CA 95688 - (707) 455-0225**  
**[vacavillehockey@iceoplex.com](mailto:vacavillehockey@iceoplex.com)**