



Participant's Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact Name and Phone Number: _____

E-Mail Address: _____

Players Date of Birth: _____

Position: _____ Shoots: _____ Jersey Size: _____

Future Stars 09'		Payment Method (All checks payable to the Pinnacle Hockey Group Inc.)	
Cost \$125.00 Per Player (a 2% C.C. Fee will be added)			
Card Number	Expiry Date		
Name On Card	Payment Method		
	<i>Sorry NO AMEX</i>		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> Money Order

Signature of Parent / Guardian

Printed Name of Parent / Guardian

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and PROVIDE FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise. Signing above is for this stated paragraph

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All completed forms can be faxed to # 954-433-7285

Any Questions feel free to call us at 954-433-7226