

ZACH PARISE COMPETITIVE TRACK CAMP
AUGUST 3-7, 2009

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Age: _____ Height: _____ Inches. Weight: _____ Lbs.

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail _____

Position: (circle one) Forward Defense Goalie Jersey Size: (circle one) Youth S M L OR Adult S M L XL XXL XXXL

Level (circle one) Youth 10 & Under Youth 13 & Under 17 & Under

Current Team: _____ Level: _____ (circle one) Travel Team or House League

USA Hockey Registration required-please supply copy of card or registration

Are you currently a member of USA Hockey? YES _____ NO _____

If **yes**, Please submit a copy of your card or proof of USA Hockey Registration.

If **no**, Please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault.

Please note registration for players born 2002 & younger is free.

***** NO REFUNDS *****

PAYMENT POLICY AND INFORMATION \$600.00 SKATER \$300.00 GOALIE

50% DEPOSIT REQUIRED WITH APPLICATION

BALANCE DUE BY: July 17, 2009

Amount Enclosed: \$ _____

CASH _____ CHECK # _____ **Made payable to: Ice Vault Arena**

CREDIT CARD Visa MC Amex Discover

Credit Card #: _____ Exp ____/____

Name on Card: _____

\$25 SURCHARGE FOR RETURNED CHECKS

WAIVER

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor On account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Parent/Guardian Signature: _____ Date: _____

Ice Vault Arena • 10 Nevins Road • Wayne, NJ 07470 • Phone (973) 628-1500 • Fax (973) 628-1555

<http://www.icevault.com>