

PINES ICE ARENA

4-Week Player Development Program

Mondays @ 6:15 PM

Start Date: 7/21/2008 End Date: 8/11/2008

12425 Taft St. Pembroke Pines, FL 33028

(954) 704-8700 Fax (954) 442-1700

Website: www.pinesicearena.com

In Loving Memory of Beverly Bowman, July 10, 2007

Instructed By Coach Robin Roth



Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail (Print Legibly): _____

Birthdate: _____ Age: _____ Height: _____ Weight _____

Parent's Name: Mother: _____ Father: _____

I do hereby acknowledge that skating is inherently a dangerous sport, physically demanding and highly competitive. I hereby agree that Ice Arena of Florida Inc. its servants, agents, and employees shall not be held liable for any and all injuries/losses resulting directly or indirectly and save Ice Arena of Florida Inc. its servants, officers, agents, and employees harmless from all costs and expenses that may result from any breach of agreement.

All participants and guardians must sign and date this form. Please remember that payment must accompany this registration form. No Refunds!!!

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Additional signature required on reverse side

Specific Request: _____

Registration (office use only)

Division: _____

Rating: _____

Team: _____

Coach: _____

Jersey Color: _____

Payment Info (office use only)

Date: _____ Amount \$: _____

Payment Method: CC/CS/CK# _____

Receipt #: _____ Initials: _____

USA Hockey Printed Report Received: Yes / No

Birth Certificate On File: Yes / No