

REGISTRATION DEADLINE: SEPTEMBER 8<sup>th</sup>

RECEIPT # \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2009 HOCKEY CAMP  
SEPTEMBER 14-18  
6:45-9:30 PM. – MONDAY, TUESDAY, & WEDNESDAY  
7:45-10:30 P.M. – THURSDAY & FRIDAY**

(Specific times each division will participate will be determined upon number of registrations)

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

(street) (city) (zip)

Birthdate \_\_\_\_\_ (Age 7-18) Age \_\_\_\_\_

Name of School \_\_\_\_\_ Grade next Fall \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Hockey experience \_\_\_\_\_

EMERGENCY CALL \_\_\_\_\_ Phone \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**MANDATORY EQUIPMENT** to participate: Hockey helmet with face mask, hockey skates, gloves, mouth guard, stick, hockey pants, shin guards, elbow pads, shoulder pads, and jersey.

**WAIVER AND RELEASE**

We, the undersigned, being the parents/guardians of \_\_\_\_\_, being fully aware of the dangers inherent to the sport of hockey, in consideration of the City of Troy, Hobart Arena, Troy Recreation Department, and its agents and servants, do give permission for our child to participate in the Hockey Camp. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Hobart Arena, Troy Recreation Department, Recreation Director, the supervisory staff and instructors of the Hockey Camp, or their agents or servants, as a result of injuries incurred by our child while participating in the Hockey Camp. . I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTRATION FEE:**  
**TROY MAILING ADDRESS**  
\_\_\_\_\_ **\$35.00**  
\_\_\_\_\_ **\$10.00 Late fee assessed after**  
**registration deadline**

**REGISTRATION FEE:**  
**OUTSIDE TROY MAILING ADDRESS**  
\_\_\_\_\_ **\$45.00**  
\_\_\_\_\_ **\$10.00 Late fee assessed after**  
**registration deadline**

**Refund Policy:** The Department will make program refunds only for the Following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program begins.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

**NOTE: Players may be placed in the time slot and level that will be of greatest benefit to their skill development.**