

To complete registration, please print and mail to:
Nick Toneys
271 Yosemite Circle N
Apt 201
Golden Valley, MN 55422

Medical Conditions:
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Please fill in the blank spaces below. If your child has any medical conditions, we need to be aware of them. Write N/A if not applicable. If there are areas in which you have already made us aware of, please complete again. You can never be too safe. Thank you!

My child, _____, attending Nick Toneys Performance Hockey Schools during the week of _____, 2012 has the following medical condition(s) that should be brought to your attention (please note standard procedure to cope with condition):

My child has the necessary medication and/or equipment to cope with this condition on his/her person:

YES NO

Insurance Company Name:

Account Number: _____

Emergency Contact /phone number/relationship:

Media Release:

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I hereby grant Nick Toneys Performance Hockey Schools the right and permission to copyright and/or use, reuse, publish, and/or republish photographic images, digital images, videotape, or pictures of my child taken during the Nick Toneys Hockey Performance Schools 2012 sessions, for advertising and promotional purposes. I hereby release, discharge, and agree to hold harmless Nick Toneys Hockey from any liability resulting from the use of the above-mentioned photography, videotape, digital image or other use of my child's name or image. I understand I will have no control over the manner of use of the materials produced and hereby waive any right to preapprove or inspect materials prior to distribution.

Participants Name

Date

Parent or Guardian Name

Parent or Guardian Signature

I decline to give permission for any photograph, digital image or videotape or other pictures to be used for promotional purposes by the entities name above.

Participants Name

Date

Parent or Guardian Name

Parent or Guardian Signature

Release and Waiver of Liability/ Indemnity Agreement:
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I understand and agree, on behalf of myself, my minor child/ward, my heirs, assigns, personal representatives and next of kin, that my participation and execution of this document constitutes:

1. An unqualified assumption of all risks associated with participation in this program by my minor child/ward or even me 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 participation therein and
2. A 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, official agents, and/or employees, other participants, sponsors, advertisers, owner 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
3. An understanding not to sue the releasees for any loss, injury, costs, or damages of any form or type, however cause or arising and whether directly or indirectly from the participation of my minor child/ward in the program
4. 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 incurred due to claims 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.

I have read this document thoroughly. I understand that the releasees are relying upon my warranties, assumptions, waiver and release, undertaking and agreements when accepting my minor child/ward's participation in the program. I understand that by signing this document I give up substantial legal rights I and/or my minor child/ward would otherwise have. I sign this document voluntarily and without inducement.

Participants Name

Date

Parent or Guardian Name

Parent or Guardian Signature

Information Request:

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Please assist us in completing our records by providing thorough information. Thank you.

Players Name: _____

Mother's Name _____

Fathers Name _____

Home Phone _____

Work Phone _____

Cell _____

Address _____

City/ State/ Zip _____

Email _____

Emergency Contact _____

Emergency Contact # _____

Gender _____

Date of birth _____

Position _____

Team _____

Level Attending Camp _____

Parent or Guardian Signature

Date

