

Summer Camp; August 6-9, 2018



Application

Send in registration and payment by **July 27, 2018** to reserve your spot. Only those paid in full will be allowed on the ice first session. Make checks payable to **Morrisville Auxiliary Corporation** and send to:

Blue Line Hockey Player & Goalie Summer Camp 2018

Morrisville State College IcePlex

PO Box 901

Morrisville, NY 13408

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check your player's level:

- Bantam (birth '04-'05; \$275/player)
- Mite (birth '10-'13; \$275/player)
- Peewee (birth '06-'07; \$275/player)
- Goalie (bantam, peewee, squirt, mite; \$275/player)
- Squirt (birth '08-'09; \$275/player)

Player's Gender: _____

Hockey Organization: _____

Position: _____

Allergies: _____

PARTICIPATION AUTHORIZATION & INDEMNIFICATION:

I hereby give my consent for my child to participate in the program being conducted by MORRISVILLE AUXILIARY CORPORATION/ BLUE LINE HOCKEY and MORRISVILLE STATE COLLEGE (hereinafter "Indemnitees"), and declare that I will not hold indemnitees, their employees, organizers, sponsors, supervisors, participants, or volunteer associates with the program, responsible for any injuries, damage, or personal loss incurred while participating in said program whether the result of negligence or any other cause. The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructor and/or personnel in charge of the program. I further understand there are inherent risks in this program, and I fully assume and accept all such risks, and I hereby release, discharge, covenant not to sue and agree to indemnify and save hold harmless the Indemnitees, their employees, organizers, sponsors, supervisors and/or volunteers from all liability, claims, demand, losses or damages on the minor's account caused or alleged to be caused in whole or part as a result of the releasee's conduct; and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify and save and hold harmless each of the releasees from any litigation, expenses, attorney's fees, loss, liability, damage or cost, any may incur as a result of such claim.

Parent/Legal Guardian: _____

Address: _____ Phone: _____

MEDICAL AUTHORIZATION/INDEMNIFICATION

I understand that MORRISVILLE AUXILIARY CORPORATION, its staff and all persons related directly or indirectly with the Blue Line Hockey School assumes no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical/dental treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical/dental procedures deemed necessary by any medical personnel, or the attending authorities of MORRISVILLE AUXILIARY CORPORATION. Please have your signature witnessed by an adult different from the person you are making responsible for your child.

Parent/Legal Guardian: _____

Address: _____ Phone: _____



Morrisville State College IcePlex
PO Box 901 | Morrisville, NY 13408
p: (315) 684-6632 | f: (315) 684-6638
<http://iceplex.morrisville.edu/blueline>