



# Girls' 3 on 3 Summer Program

July 7, 2020 - August 27, 2020

Dover Ice Arena

Dover, NH

## **Registration Form:**

(Form must be completed for a player to participate)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Emergency Contact Person and Phone #: \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Division Played 2019-20 (circle one) U10 U12 U14 U16 U19 Other: \_\_\_\_\_

Team: \_\_\_\_\_ Position: \_\_\_\_\_

## **Payment**

Program (please check one):

\_\_\_\_\_ On-ice sessions only (Tuesdays) \$175

\_\_\_\_\_ Both on-ice and off-ice sessions (Tuesdays on-ice and Thursdays off-ice) \$250

Make check out to: Abbey Hatch

Mail payment to: 1147 Franklin Pierce Highway, Barrington, NH 03825

**\*\* We are hopeful that we will be able to hold this camp, however, depending on how the COVID-19 situation progresses, we may have to cancel. For this reason, at this time, please mail registration forms only; payment will be collected at a later date once we are sure that this camp will be able to happen.\*\***

## **Refund Policy:**

There are no refunds unless due to illness or injury. For special situations refunds may be considered and will be credited towards next season's program. **No refunds will be given for players that decide to leave the program early or for any disciplinary action that may require leaving the program.**

## **Waiver and Release:**

I fully understand that Abbey Hatch, her staff, and the Dover Ice Arena shall in no way be held responsible or liable for any injury suffered by the player listed above while attending this summer hockey program.

I give my permission for the staff of this program or the Dover Ice Arena to act on my behalf in the event of a medical emergency. I will be responsible for any medical or other expenses that may be incurred during a medical emergency while at this program. The listed player is in good health and able to participate in this hockey program.

We may be taking pictures and videos of activities during this program to use in future publications. Please check if you would NOT allow use of these photos.  Do Not Allow the use of pictures.

Signature (parent or guardian): \_\_\_\_\_

Date: \_\_\_\_\_