



FLORIDA'S AAA CAMP



MAIL CHECKS AND REGISTRATION TO:

SOUTHERN EDGE ACADEMY 10000 EVERBLADES PKWY ESTERO, FL, 33928

Players Name: _____

Phone: _____

Parents Name: _____

Email: _____

Address: _____

Date of Birth: _____

2014-2015 Team & Coach: _____

Defense: _____ Forward: _____ Goalie: _____

Emergency Contact: _____

(Circle Size)

Youth: S M L XL Adult: S M L XL

MEDICAL INSURANCE:

EACH PLAYER MUST HAVE THEIR OWN MEDICAL INSURANCE AND BE REGISTERED WITH USA HOCKEY.

WAIVER AND RELEASE:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SOUTHERN EDGE ACADEMY INCLUDING BUT NOT LIMITED TO ALL OF ITS MEMBERS, EMPLOYEES, COACHES, AGENTS AND REPRESENTATIVES, AS WELL AS THE ICE RINK AT WHICH THE EVENT IS HELD (COLLECTIVELY "RBH") USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RBH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RBH HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Guardian: _____

Date: _____