



**Bolton Ice Palace  
February Clinic  
February 15 – 18, 2010  
Monday –Thursday**

For Office Use Only
Payment Method
Cash _____
Check _____
Charge _____

BIP will hold its annual FEBRUARY CLINIC, offering hockey skill development and an opportunity for our younger skaters to have some fun during their winter school vacation. This clinic is directed by Mike Rooney on behalf of the Bolton Ice Palace.

**Current Learn to Play Skaters through Squirts are encouraged to attend.**

**SCHEDULE of ACTIVITIES**

	<b>Skills and Drills</b>		<b>Skills and Scrimmage</b>
<b>Monday</b> 10:15 – 11:45am	10:15 – 11:15am		11:15 – 11:45am
<b>Tuesday</b> 10:15 – 11:45am	10:15 – 11:15am		11:15 – 11:45am
<b>Wednesday</b> 10:15 – 11:45am	10:15 – 11:15am		11:15 – 11:45am
<b>Thursday</b> 10:15 – 11:45am	10:15 – 11:15am		11:15 – 11:45am

**COST \$99**

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Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City : \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Where did skater play this season? \_\_\_\_\_

Mail Registration to : (Please make checks payable to : Bolton Ice Palace- )

Bolton Ice Palace  
 145 Hop Meadow Road (US6)  
 Bolton, CT 06043

**Conditions of Enrollment & Insurance Information**

Enrollment will be on a first come first serve basis. The coaches reserve the right to dismiss any participant whose behavior is detrimental to the group. Cancellation will forfeit the deposit. There will be no partial refunds due to late arrival or early departure for any reason.

Does the applicant have any pertinent health problems?

**Major Medical Insurance Name**  
**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Upon entering events or programs sponsored by the Bolton Ice Palace I/we understand that participating in or observation of the sport of hockey constitutes a risk to me/us of serious injury. I/we realize and accept the risk and hereby exclude the rink or personnel from any liability in the event my child is injured at Bolton Ice Palace. I/we give permission to have staff seek medical attention for our child.

Signed: \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
AND ARBITRATION AGREEMENT**

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

**Release and Waiver of Claims**

In consideration of being allowed to participate in \_\_\_\_\_ at Bolton Ice Palace, LLC (the “Facility”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility arising out of the inherent risks of engaging in \_\_\_\_\_;
  
- 2) **TO ASSUME ALL RISKS INHERENT IN** \_\_\_\_\_; and
  
- 3) **TO RELEASE** the Facility, its owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in \_\_\_\_\_.

**Arbitration**

The Participant hereby agrees to submit any dispute arising from participation in \_\_\_\_\_ to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by Participant. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the “Panel”), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceedings shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant’s participation in \_\_\_\_\_, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility. IN the event that the Panel determines the alleged injury did not arise from a risk inherent in the \_\_\_\_\_, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the Unites States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_