ASPEN Mail-in or Fax Registration Form

Mail to: Bob Johnson Hockey School
0861 Maroon Creek Rd Aspen, Colorado 81611
FAX: 970-920-5706 Phone: 970-544-4115

Participant's Name:_____

Parent's Name:_____

Address:_____

City, State, Zip:_____

Email: _____

Phone:_____ **Cell Phone:**_____

Birth date:_____ **Age as of (7/16/17)** _____ **Hockey Experience (years)**_____

Jersey Size: (not guaranteed) YM___YL___YXL___ADULT S___AM___AL___AXL_____

Applicant's Medical Coverage:_____

Payment Method: Check #_____ **Make checks payable to City of Aspen**

Card Number:_____ **Expiration Date:**_____

Name on Card_____

Session – July 23-29 ****Cost of tuition increases $100 if registering after 6/10/17**

***Tuition** **$545.00= $_____**

*** Special Goalie Rate** **$195.00= $_____**

Full registration fee is due at time of registration

<u>No refunds after May 15, 2017. Refunds after May 15, 2017 for medical and family emergencies only.</u>**

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while I am participating in such activity. I am in good health and physically able to participate in said activity. I agree to waive and release the City of Aspen and their officers, employees, agents, servants and all representatives and sponsors from any injury I may sustain or any damage that may be caused to me or property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the City of Aspen. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize activities. I agree to pay all fees by the date issued by Dobson Arena. I agree to abide by the rules and regulations established by the City of Aspen.
*READ ABOVE BEFORE SIGNING

Parent or Guardian Signature_____ **Date** _____