

## Registration Form

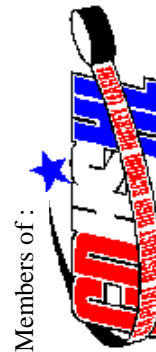
Players Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Parents Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Payment:  
Check #/Amt. \_\_\_\_\_ Cash: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Position: \_\_\_\_\_ Shot: R L  
E-Mail: \_\_\_\_\_

### CONSENT TO TREAT

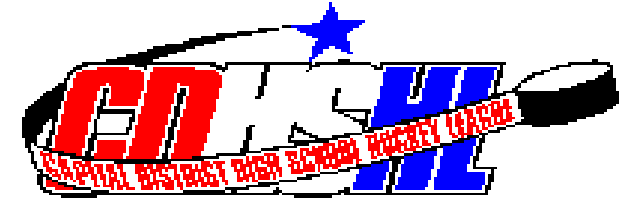
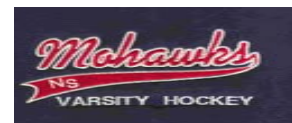
This is to certify that on this date, I  
\_\_\_\_\_,  
as parent or guardian of  
\_\_\_\_\_,  
give my consent to Capital Region All-  
Stars and it's medical representatives to  
obtain medical care from any licensed  
physician, hospital, or clinic for the  
above mentioned athlete, for any injury  
that could arise from participation in any  
Hockey events.

Insurance Co. \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Dated: \_\_\_\_\_

Coach Todd Templeton  
Coach Walt Peretti  
1429 VIA DEL MAR  
Niskayuna, NY 12309-4011



Burnt Hills/Scotia Glenville  
High School Hockey



# HIGH SCHOOL SUMMER PROGRAM



**May 20th  
to  
Aug 12th  
2009**

Held at  
**Schenectady County  
Recreational Facility**

## About the Program

- High Intensity Up Tempo practices & scrimmages every Wednesday from May thru August .

Tournaments in Marlboro MA.

Individual skill development

Team Concepts & Game situations

**Space is limited so sign up early!**

## Costs

- Costs for the session will be **\$375.00** which includes fees for all practices, games, officials etc.

A **\$200.00** deposit per player prior to **May 1st** will reserve a spot for this program

**Final payment MUST be received at the First Practice Wed. May 20th, 2009**

**Make checks payable to:  
Todd Templeton**

## Schedule

Wed. May 20th 8:00 to 9:20 pm

Wed. May 27th 8:00 to 9:20 pm

Wed. June 3rd 8:00 to 9:20 pm

Wed. June 10th 8:00 to 9:20 pm

Wed. June 17th 8:00 to 9:20 pm

Wed. June 24th 8:00 to 9:20 pm

**\*\*Wed.. July 1st NO PRACTICE\*\***

**\*\* Tues. or Wed. July 7th or 8th TBD\*\***

**\*\*Practice Location TBD\***

**Fri. July 10th, 11th, 12th  
Marlboro Tournament**

Wed. July 15th 8:00 to 9:20 pm

Wed. July 22nd 8:00 to 9:20 pm

Wed. July 29th 8:00 to 9:20 pm

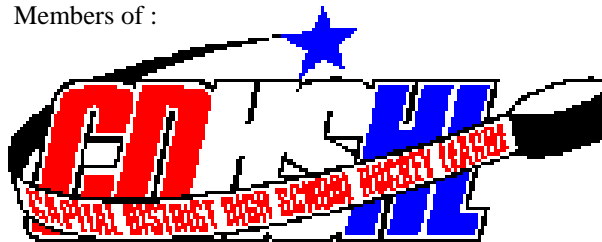
Wed. August 5th 8:00 to 9:20 pm

**Fri. August 7th, 8th, 9th  
Marlboro Tournament**

Wed. August 5th 8:00 to 9:20 pm

Wed. August 12th 8:00 to 9:20 pm

Members of :



## Release of Liability

In consideration of being permitted to participate in Schenectady County Recreational Facility's, or Clifton Park Arena's Ice Skating Rink Hockey Program I,

Birth date \_\_\_\_\_

The undersigned, acknowledge, appreciate and agree that: The risk of injury from the activities involved in ice skating programs is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and, I, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS ,both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Schenectady County Recreational Facility or Clifton Park Arena immediately; and I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, hereby release, indemnify and hold harmless, The Schenectady County Recreational Facility, Clifton Park Arena, Todd Templeton, & Walt Peretti, management, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used for skating and other related ice activities. With respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise to the fullest extent permitted by law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT; I FULLY UNDERSTAND IT'S TERMS; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player Sign: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all releasees, and, for myself, my heirs, assign and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's participation in hockey to the fullest extent of the law.

Parent Sign: \_\_\_\_\_ Date: \_\_\_\_\_