

VAIL Mail-in Registration Form

Mail to:
Bob Johnson Hockey School
Dobson Arena
321 E. Lionshead Circle
Vail, Colorado 81657
FAX: 970 479-2267
Phone: 970-479-2271

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Birth date: _____ Age as of (7/16/09) _____ Position _____ Hockey Experience (years) _____

Applicant's Medical Coverage _____

Payment Method: Check # _____ Make checks payable to John Dobson Ice Arena Visa _____ MasterCard _____

Card Number _____ Expiration Date: _____

Name on Card _____ Signature: _____

Session- July19- July 25	\$445.00= \$ _____
* Special Eagle County Resident Discount	\$420.00= \$ _____
* Special Vail Resident Discount	\$400.00= \$ _____
* Special Goalie Rate	\$175.00= \$ _____

Amount Due (balance due by June 15, 2009)= \$ _____

Participant's Name _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Upon entering events sponsored by the USA Hockey and/ or its member districts, I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release USA Hockey, its Affiliates, The Bob Johnson Hockey School, and/or its representatives, City of Aspen, their sponsors, event organizers and officials from any liability therefore.

**READ ABOVE BEFORE SIGNING*

Participant's Signature _____ Date Signed _____

Parents or guardian's Signature _____ Date Signed _____

MEDICAL TREATMENT RELEASE

Authorization for necessary medical treatment during absence of parent or legal guardians. I acknowledge that necessary medical care may be administered to _____
During my absence or in the event I cannot be reached immediately. The Vail Valley Hospital and /or any designated physician are authorized to perform this treatment.

Signature of Parent/Guardian _____ Date Signed: _____