

# Hockey Showcase Spring 2012 (Grades 8 through 11)



**Ten (10) Games, One (1) Practice, One (1) Power Skating Clinic, Playoffs and Championship.**

***Intra-league with Terry Connors Rink  
& The Rinks at Shelton***



**\*Playoffs & Championship at The Rinks\***

**Register with your High School Team**

**or**

**As an Individual for placement on a team.**

Hockey Showcase was developed and refined by High School/College coaches to create a high energy, fun, competitively balanced league of Hockey players at all skill levels. Aimed at creating exposure for all players, Hockey Showcase provides a natural spring-board for years to come.

**Join Competitive Players throughout the State for great competition and learning.**

**We will contact you with your team name/schedules prior to season start weekend of April 2<sup>nd</sup>.**

Please complete the application on reverse side and send in today.

Questions call 203-929-6500 ext 45  
SportsCenterCT.com





**Hockey Showcase - Application Spring 2012**  
**784 River Road, Shelton, CT 06484 203-929-6500 fax-203-929-7624**  
**(Payment in full must accompany enrollment. Thank you.)**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Cell/work #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year of Graduation - \_\_\_\_\_

<p><b>Circle Current School Grade (this yr.):</b></p> <p align="center"><b>8            9            10            11</b></p> <p><b>Total \$\$ for Program:            \$229.00</b></p> <p><b>Jersey:    \$19.00</b></p> <p align="right"><b>Total:    _____</b></p>	<p><b>This past Winter I Played for:</b> _____</p> <p><b><u>I want to sign up for Showcase as (Please Circle):</u></b></p> <p align="center"><b>Individual</b> or <b>With my High School    Team Name-_____</b></p> <p><b>My position is (Please Circle):</b></p> <p align="center"><b>Goalie    Forward    Defense</b></p> <p><b>Team sign ups- mail in your individual application with payment.</b></p>
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**Credit Card Information :** I authorize The Rinks at Shelton to charge the above balance to my account without further notice.  
 Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ **3 digit cvv2 code** \_\_\_\_\_

**The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).**

**In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:**

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
- PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

- I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes.

PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, 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 involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

**All prices programs subject to availability and change without notice. All times subject to 10 minute ice resurfacing.**