

2008 HOCKEY ACADEMY OF ST. LOUIS BLUES CAMP
St. Louis Mills Ice Zone

July 28 to August 1: MITES AND SQUIRTS CAMP
August 4 to August 8: PEEWEES AND HIGH SCHOOL CAMP

Players Name: _____ Birth Date: ___/___/___ Sex: M F

Parents Name(s): _____

Address: _____ City: _____ State _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact: _____ Emergency Telephone: _____

Current Club: _____ Team: _____ Position: _____

Email: _____

Player level – Check One Mite Squirt PeeWee Bantam/High School

Position – Check One Forward Defenseman Goalie

T-Shirt Size – Check One YM YL AM AL **Jersey Size – Check One** YM YL AM AL

Payment Information*

- \$400 – Early commitment registration by May 11
- \$425 – Registration after May 11

Optional Off-Ice Training Camp at The Hockey Academy of St. Louis from July 21-24.

- \$75

*\$150 non-refundable deposit due with registration. Full payment is due by before the first day of camp.

\$_____ Amount to be charged to credit card

I agree to pay the above camp costs charged to the following credit card:
 MC Visa _____ CVVC _____ Expires ___/___

Fax this registration form to the Hockey Academy of St. Louis at 636.536.2388, or mail the form with check included or credit card information complete to: Hockey Academy of St. Louis, 17361 Edison Ave., Chesterfield, MO 63005. For more information call 636.536.0996 or go to www.haofstl.com.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering for participation in this camp, you will be waiving and releasing all claims for injuries you might sustain arising out of this and all future activities relating to the Hockey Academy of St. Louis, LLC.
"I recognize and acknowledge that there are certain risks of serious injury to participants in this activity and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I may sustain arising out of this and all future activities. I agree to waive and relinquish all claims I may have arising out of this and all future activities against the Hockey Academy of St. Louis, LLC and its officers, directors, shareholders, agents, servants and employees. I do hereby fully release and discharge the Hockey Academy of St. Louis, LLC and its officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I may have or which may accrue to me arising out of this and all future activities. I further agree to indemnify and hold harmless and defend the Hockey Academy of St. Louis, LLC and its officers, directors, shareholders, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with this and all future activities. In the event of an emergency, I authorize the Hockey Academy of St. Louis, LLC officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for full payment of any and all medical services rendered"
I have read and fully understand the above program details, payment requirements and waiver and release of all claims.

Athlete Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

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