

TOP GUN TRAINING

NAME

D/O/B:

ADDRESS

CITY/STATE/ZIP

PARENT/GUARDIAN NAME

PHONE

EMAIL

PLEASE CHECK ONE OF THE FOLLOWING:

MITE/SQUIRT GROUP ON-ICE 5P-6P OFF-ICE 6P-7P \$400.00

PEE WEE/BANTAM GROUP ON ICE 6P-7P OFF-ICE 7P-8P \$400.00

HIGH SCHOOL GROUP ON-ICE 7P-8P OFF ICE 8P-9P \$400.00

PLEASE CHECK PAYMENT METHOD (checks made out to Icenter):

CASH

CREDIT

CHECK

RELEASE FORM: MUST BE READ AND SIGNED BY PARENT OR GUARDIAN:

As parent/guardian of the above named child, I hereby grant permission for him/her to participate in the activities of TOP GUN NH dba ICENTER. I hereby waive, release and forever discharge said TOP GUN NH dba ICENTER, it's officers, members, agents, representatives and employees from all claims and demands with I, my heirs, executors and administrators, and those of the above named child have or may have by reason of any personal injury or injuries, property damage or damage of the nature whatsoever resulting from the participation of the above named child in the activities of TOP GUN NH dba ICENTER and any consequences arising there from.

X

DATE: