



T-FIT Performance Training Application



NAME: _____

ADDRESS: _____

PHONE: _____ Participant Age: _____ EMAIL: _____

(Please check one)

T-FIT Performance Training Small Group On-Ice Training Both

(Please check one)

TEAM: Team Name _____

SMALL GROUP: Number of Participants in Group _____

Number of Sessions _____

Cost: _____ Amount Paid: _____

Make check payable to: The ICENTER

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.

Parent / Guardian Signature: _____ Date: _____