

Date: _____

Staff Initials: _____

Registration Form-Summer Hockey Camp 2025

Read details carefully:

- 1) Please print. Choose the weeks your child will be attending camp, **minimum of 4** and all needed information on the application below, or processing may be delayed. Payment accepted with check, cash, Visa, Mastercard, Amex or Discover. Please make checks payable to the Franklin Park Ice Arena.
- 2) One registration form must be completed for each camper.
- 3) Before your registration is complete, *the waiver must be signed by a parent or legal guardian* for any children under 18 years participating in camp.
- 4) Hockey directory reserves the right to place camper in appropriate group based on ability.

Summer Hockey Camp: ☐ Group 1 (Ages 6-10) ☐ Group 2 (Ages 11-14)

What weeks will your child be attending camp? Please check off. **(Minimum 4 weeks total)**

_____ Week 1 (June 2, 4 & 6)

_____ Week 5 (July 7, 9 & 11)

_____ Week 2 (June 9, 11 & 13)

_____ Week 6 (July 14, 16 & 18)

_____ Week 3 (June 16, 18 & 20)

_____ Week 7 (July 21, 23 & 25)

_____ Week 4 (June 23, 25 & 27)

_____ Week 8 (July 28, 30 & August 1)

Parent Name _____

Home Phone (_____) _____

Camper's Name _____

Cell Phone (_____) _____

Camper's DOB (mm/dd/yyyy) _____

Email _____

Address w/ City & Zip Code _____

What organization and what level did your child play for Spring 2025? _____

T-Shirt Size: Youth: Small ☐ Medium ☐ Large ☐

Adult: Small ☐ Medium ☐ Large ☐ X-Large ☐

Park District of Franklin Park Waiver & Release Of All Claims

Please read the information on the **reverse side of this form** carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

☐ **Option A:** Payment in full

☐ **Option B:** I would like to pay a 25% deposit at time of registration with three additional **automatic payments** to my account on May 25, June 25 & July 25. **If you register after one of these payment dates, you will pay what is due up to that point & only schedule the payments that remain** (You must provide a valid Visa/MC/Amex/Disc number below with an exp date past 7-15-2025)

Deposit: Cash ☐ \$ _____ Check ☐ # _____ Charge ☐ V ☐ MC ☐ Disc ☐ Amex

Credit Card #: _____ Exp Date (Dated past 7-15-2025) _____ CVV _____

Signature of Cardholder: _____ Date: _____

PAYMENT PLAN AGREEMENT: I understand and agree to the following:

I authorize the Park District of Franklin Park to **automatically** debit my credit card on May 25, June 25 & July 25, 2025. Should the charge to my credit card be declined and a balance remains, I understand that my skater will not be permitted to participate until the balance is paid in full. **A \$15 late fee will be assessed for all outstanding balances.**

Date: _____ Print Name: _____ Signature: _____

PARK DISTRICT OF FRANKLIN PARK

HOCKEY WAIVER & RELEASE

IMPORTANT INFORMATION

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Park District of Franklin Park to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date _____

Participant's Name (PLEASE PRINT) _____

Participant's Signature (18 years or older or Parent/Guardian) _____

Franklin Park Ice Arena*9711 W. Waveland Ave.*Franklin Park, IL 60131
847-671-4268/fax 847-671-4755*website: **www.fpice.com**