



2011 VRD Youth Hockey Introduction to Girl's Hockey

This program is designed for girls in Kindergarten through 4th grade. Our goal is to peak the interest of girls hockey and pioneer a path for a girl's developmental program here in Vail.

***We have a limited amount of donated rental equipment available at no charge on a first come, first serve basis. After those sets of equipment are spoken for, we will have rental equipment available for \$35 for the season on a first come, first serve basis. Please call 479-2271 to set up an appointment to be fitted for equipment prior to the start date. Sticks and skates are not provided. Please check with arena staff about available skates that may have been donated by past players.*

When: October 4-Dec 11

Time: Tuesdays at 4:15-5:15pm & Sundays 4:30-5:30pm

Cost: \$150

**It is highly recommended that all participants have completed a minimum of 1 session of Learn to Skate before participating in hockey.*

SKATERS NAME _____ PHONE # _____

Parent's Name _____ Town of Residency _____

Email _____ Date of Birth _____

AMOUNT DUE \$ _____

PAID \$ _____ ON _____ CHECK # _____ CASH _____

*Make checks payable to the Vail Recreation District

VISA/MC/Amex# _____ EXP _____

NAME ON CREDIT CARD (PLEASE PRINT): _____

I acknowledge that the activity set forth contains dangers and risks, and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any cause whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release the Vail Recreation District, the Town of Vail, and their officers, employees, agents, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused by the use of equipment I may rent from the Vail Recreation District or the Town of Vail. I also authorize and consent to any emergency treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed, and such opportunities may be used to publicize activities.

AUTHORIZED
SIGNATURE: _____

**You may also register online at www.vailrec.com or fax this form to 970-479-2267.