



## ***VRD Youth Hockey 2011-2012 Registration Form***

### **Mini Mites (5-6 years old)**

Thursday 4:15-5:15pm and Sunday 3:30-4:30pm

Season 1 \_\_\_\_\_ \$150 Oct. 6-Dec. 17  
Season 2 \_\_\_\_\_ \$150 Jan. 5-Mar. 4  
Both Seasons \_\_\_\_\_ \$250 Must commit by end of season 1.

### **Mites (7-8 years old)**

Thursday 4:15-5:15pm and Sunday 3:30-4:30pm

Season 1 \_\_\_\_\_ \$150 Oct. 6-Dec. 17  
Season 2 \_\_\_\_\_ \$150 Jan. 5-Mar. 4  
Both Seasons \_\_\_\_\_ \$250 Must commit by end of season 1.

***\*\*Sign up for both sessions by Oct. 6 and receive an additional \$25 off courtesy of the Vail Eagle Hockey Association. \$225 for the both seasons.***

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](http://www.vailrec.com) or fax this form to 970-479-2271