



TT HOCKEYCAMP APPLICATION

Summer 2010

FIRST NAME: _____

LAST NAME: _____

DOB (MM/DD/YYYY): ____/____/____

MAILING ADDRESS: _____

CITY: _____

STATE/PROV: _____ ZIP CODE: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

JERSEY SIZE: Youth S/M, Youth L/XL, S, M, L, XL (Circle One)

POSITION: Defense, Forward, Goalie (Circle One)

SKILL LEVEL for age (Beginner = 1, Advanced = 5) 1 2 3 4 5

GENDER: M / F (Circle One)

CURRENT TEAM(S): _____

> Check if a returning camper

How did you hear about us: _____

Mother/Guardian: Full Name: _____ Cell: _____ Daytime Phone: _____

Father/Guardian: Full Name: _____ Cell: _____ Daytime Phone: _____

Emergency Contact: Full Name: _____ Cell: _____ Daytime Phone: _____

We want to make you a better player – please comment on your strengths, weaknesses and goals: _____

Check week(s): Cairns Arena, S. Burlington, VT: > July 5- 9, 2010 > July 12- 16, 2010 > July 19- 23, 2010

Day Camp (Mon-Fri): 8:30am-2:30pm, One week: \$549, Two weeks: \$1,049, Three weeks: \$1,499, Amount: \$_____ Check #: _____

Nonrefundable deposit: \$137.25 per camper/camp (total due 4/1/10); or Pay-in-full; Contact us if siblings are doing more than 3 camp weeks combined

Official Use Only:

Ages 6 – 17; Players are divided into teams according to their age and skill level

Make checks payable to: Tim Thomas Hockey, LLC | Mail to: Tim Thomas Hockey, LLC P.O. Box 30, Portland, ME 04112 | 617-674-2333

I/we, the undersigned, individually and as parent(s) and/or guardian(s) of the above named player, a minor, ask that he/she be admitted to participate in this hockey camp organized by Tim Thomas Hockey, LLC. In consideration of such admission, I/we do hereby agree to release, indemnify, defend, discharge and hold harmless Tim Thomas Hockey, LLC, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor, arising out of the minor's attendance at the hockey camp or in the course of competition and/or activities held in connection with the hockey camp.

By signing this release, I hereby give Tim Thomas Hockey, LLC, the Photographer/Filmmaker and Assigns my permission to license the Images and to use the Images in any Media for any purpose which may include, among others, the Internet, advertising, promotion, marketing and packaging for any product or service. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified. I agree that I have no rights to the Images, and all rights to the Images belong to Tim Thomas Hockey, LLC. I acknowledge and agree that I have no further right to additional Consideration or accounting, and that I will make no further claim for any reason to Tim Thomas Hockey, LLC, the Photographer/Filmmaker and/or Assigns. I also agree to leave all images in their original state. I will not edit, crop, or retouch an image in any form without consent from Tim Thomas Hockey, LLC. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual.

I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. As parent or guardian of the child, I have authority to enter into this agreement on behalf of the Child. To the fullest extent allowed by law, I agree to indemnify, defend and hold harmless the Released Parties for any and all claims whatsoever brought by the Child, and by any third party arising in connection with the Child. I acknowledge that I have read and understand this document and am signing it on behalf of the Child, and that the Child and I will be bound by all its terms.

Cancellation before April 1, 2010 will receive a cash refund less 25% of the total cost of the program. Cancellation after April 1, 2010 up until 30 days before the program starts will receive a letter of credit (voucher for future camps) less 25%. Cancellations within 30 days of a program session receive no refund. No show, no refund.

Parent's/Guardian's Signature: _____ Print Name: _____ Date: _____