



GARY DINEEN HOCKEY SCHOOL

APPLICATION 2009

Name of Student _____ Name of Parents _____

Address _____ City _____ ST _____ Zip _____

Tel. (H) (_____) _____ (C) (_____) _____ (W) (_____) _____

Summer Address _____ City _____ St _____ Zip _____

Date of Birth ____ / ____ / ____ Present Age _____ E-Mail _____

08-09 Hockey Team Played For _____ Level of Hockey Played 08-09 A B C (Circle)

Preferred Class (Code) _____ Dates of Class _____ Position played _____

Physical Conditions, Injuries, Allergies, or Medications _____

PERMISSION TO SELF MEDICATE ____ Yes ____ No If my child is bringing a prescribed medication from home, I will provide written authorization permitting my child to self medicate. I will also explain above my child's medical condition, allergies, or other medication my child is taking.

School location interested in: ____ Olympia ____ Enfield ____ Westfield ____ Tony Kent

Method of Payment ____ Check ____ Credit Card Name on Card _____

Type of Card ____ Card No. _____ Exp. Date ____ ____ CV V No. _____

Signature of Card Holder _____ Date _____, 2009

Conditions of Enrollment and Insurance / Waiver

- The Schools enrollment will be filled on a FIRST-COME BASIS. In the event your class is full you will be notified. Your class assignment E-Mail will be sent out by June 15, 2009.
- The School Director reserves the right to place students in the most suitable group within each class. The Director also retains the right to terminate the stay of any student when it is deemed to be in the best interest of either the student or the School.
- To the best of my knowledge, my child is of sound health and I know no reason why my child cannot participate in Ice Hockey and the Gary Dineen Hockey School. My child has had a physical examination during the school year and is up to date on all immunizations.
- There can be no reduction of fees due to late arrivals or early departures. Positively no refunds will be made after June 1, 2009.
- Players must wear full equipment on the ice at all times, including but not limited to, a certified helmet, face mask, mouth guard, and any other piece o equipment required by USA Hockey.
- My health plan is _____ Identification No. _____ Policy No. _____
Does your health plan cover accidents, such as ice hockey accidents? ____ Emergency Phone No. (____) _____
- RELEASE OF LIABILITY / ACKNOWLEDGEMENT OF RISK: Upon entering events sponsored by USA Hokey and/or its member districts, or the Gary Dineen Hockey School, I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport of ice hockey constitutes a risk to me/us and my/our child, of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk , and release and hold harmless USA Hockey, its affiliates, their spouses, event organizers, arena sites, DGM Management LLC, The Gary Dineen Hockey School, its officers, staff, directors, and all personnel from any liability therefore.
- MEDICAL RELEASE: If my child is injured or becomes ill while attending any program or class of the Gary Dineen Hockey School, I understand that the School will attempt to notify me at once; but if I can not be reached, or if, in the judgment of the School, the injury or illness appears to require immediate medical attention, the Gary Dineen Hockey School is authorized to obtain such medical assistance as the school may feel necessary or desirable.

Signature of Parent or Guardian _____

Date _____