

MOELLER

CRUSADERS ICE HOCKEY

MOELLER ICE HOCKEY SUMMER CAMP 2010

\$325.00 (due June 27th)

Please complete SEPARATE registrations forms for each player-Thank You.

PLAYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT _____ PHONE(H) _____ (C) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT _____ PHONE _____

PARENTAL PERMISSION FORM

I certify that my son has no injury that would limit his participation in camp. I hereby release and exonerate and discharge the camp and their employees from any and all actions or causes of actions, known or unknown, from injuries incurred in camp. I, the signed parent/guardian, do hereby delegate to the Moeller Ice Hockey Camp, its employees or agents, the authority to seek, obtain, and approve any medical care and treatment for the above named camper, which in their judgment is necessary for the health and well-being of said camper during attendance at the Ice Hockey Camp. Further, I agree to hold the Moeller Ice Hockey Camp, its employees or agents, harmless for any liability arising out of any good-faith actions taken in seek and obtaining medical care and treatment for the above named camper All costs incurred are the responsibility of the parent/guardian. A photostat copy of this authorization shall be considered as valid and effective as the original.

Parent/Guardian Signature _____ Date _____

Please make check payable to: Moeller High School

Mail to: Moeller High School

Attn: Ice Hockey

9001 Montgomery Rd.

Cincinnati, OH 45242

Any questions: Call Coach Mike Reeder (513) 885-0786 or Email moellerhockey@hotmail.com