

# 2019 Learn to Play Hockey Day Camp

## Learn to Play

Our Learn to Play program focuses on the finer details of hockey. Take your game to the next level and join us for three (3) week long sessions of Learn to Play. Chalk talk classroom style teaching uses USA Hockey videos and handouts. On-ice instruction gives everyone an opportunity to learn the new skills from skating to stick

Please Circle Session (s) Desired  
**Sessions Monday–Thursday**  
**8:30am–3pm**

Session I - June 17-20

Session II - July 15-18

Session III August 12-15

**Cost \$125.00/session**

**Includes breakfast and lunch!**

Make Check Payable to BCCA

Stop in or Mail Completed Form to

Bay County Civic Arena

4231 Shrestha, Bay City, MI 48706

(989) 671-1000 (telephone)



## Daily Schedule:

- 8:30am arrival
- 8:45-9:15am Breakfast
- 9:15-9:30am stretching/warm up
- 9:45-10am get equipment on
- 10-11:30am on ice instruction
- 11:45-12:30pm Lunch
- 12:30-1:30pm outdoor activity/ chalk talk
- 1:30-2pm get equipment on
- 2-2:45pm on ice
- 2:45-3pm wrap up

### Registration Form

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact \_\_\_\_\_

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_



Payment Information:

Date \_\_\_\_\_ Amt \_\_\_\_\_ Type \_\_\_\_\_

Staff Inis \_\_\_\_\_

**Waiver and Release of Liability**

In consideration of my child/ward being allowed to participate in any way in the Bay County Civic Arena (BCCA) programs and activities, the undersigned acknowledges and agrees that:

1) The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) For myself, spouse, and child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF BAY COUNTY and its respective administrators, commissioners, elected officials, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child's participation; and,

3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I have any concern regarding my child's readiness for participation and/or in the program itself, I will discontinue my child's participation in the activity. If at any time I believe conditions to be unsafe, I will immediately remove my child from participation in the activity and bring such conditions to the attention of the nearest BCCA employee immediately; and,

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and

5) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liabilities incident to my or my child's involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law; and

6) I have received a copy of the "Parent and Athlete Concussion Information Sheet"; and

7) I grant BCCA permission to take photographs and films including pictures of me, my child or ward. I consent and authorize Bay County to use and reproduce photographs and films. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Bay County to use such photographs or films for the purpose of promoting and aiding Bay County in their work.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_ Date

\_\_\_\_\_ Participant Name

\_\_\_\_\_ Parent Name

\_\_\_\_\_ Parent Signature