

KENNETT HOCKEY SUMMER CAMP

SPONSORED BY MWVYHA



Kennett Hockey in partnership with MWVYHA is happy to announce they will be holding a mini hockey camp on Friday August 4th-6th. This 3 day mini camp will focus on age based skills.

This camp will be run by the Kennett Hockey coaching staff. For a full description of the camp please visit www.mwvyha.org

Friday August 4th	Last year Mites, Squirts & Peewee	6:00-7:00 p.m.
	Bantams & High School	7:10-8:10 p.m.
Saturday August 5th	Bantam & High School	8:00-9:00 a.m.
	Bantams & High School	9:10-10:10 a.m.
	Last year Mites, Squirts & Peewee	10:20-11:20 a.m.
	Last Year Mites, Squirts & Peewee	11:30-12:30 p.m.
Sunday August 6th	Bantam & High School	8:00-9:00 a.m.
	Last year Mites, Squirts & Peewee	9:10-10:10 a.m.

Cost of the camp is \$100 per player if you register by July 31st. Cost of the camp is \$120 per player if you register after July 31st. Parents should fill out page two of this form and mail it to **MWVYHA PO Box 948 Conway NH 03818** with payment.

Mount Washington Valley Youth Hockey
Release and Waiver of Liability and Indemnity Agreement

In consideration of the permission granted to my child,

(Print Name of Child)

Participant, to participate in the MWVYHA Hockey Camp, I/we do release, waive, discharge and covenant not to sue MWVYHA including its paid and/or volunteer agents and/or from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of our child, and/or employees while I participate in the MWVYHA Hockey Camp.

I/We further agree to indemnify MWVYHA, their paid and/or volunteer agents and/or employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which MWVYHA, their paid and/or volunteer agents and/or employees become legally obligated to pay including reasonable attorney's fees and costs, as result of claims, demands, costs or judgments against the MWVYHA and their paid and/or volunteer agents and/or employees on account of injury to the person or property or resulting in the death of our child, whether or not caused by the negligence of the MWVYHA, its paid and/or volunteer agents and/or employees, and whether or not such liability is sole, joint or several.

I/We are aware that participation in this program may present strain on my child's body, or parts and therefore I represent to MWVYHA that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in that I/We assume the risk participating.

I/We understand that in case of injury or illness, I/we will be notified. If it is impossible to contact either of us and it is an emergency, I/We give permission to the attending physician to treat, hospitalize, administer anesthesia, or to other injections or surgery for the safety of my/our child.

I/We, the parent/legal guardian of my/our child who is participating in these programs, have read the release and understand all its terms. I/We execute this agreement voluntarily and with full knowledge of its significance. I/We have executed this release on the date below indicated.

I hereby authorize the MWVYHA. to use photographs and video of my child to promote this program.

Signature of Legal Guardian

Today's Date

Print Parents Name Clearly

Home Phone

E-Mail _____

Work or Cell Phone

Additional Emergency Contact/Relationship/Phone Number