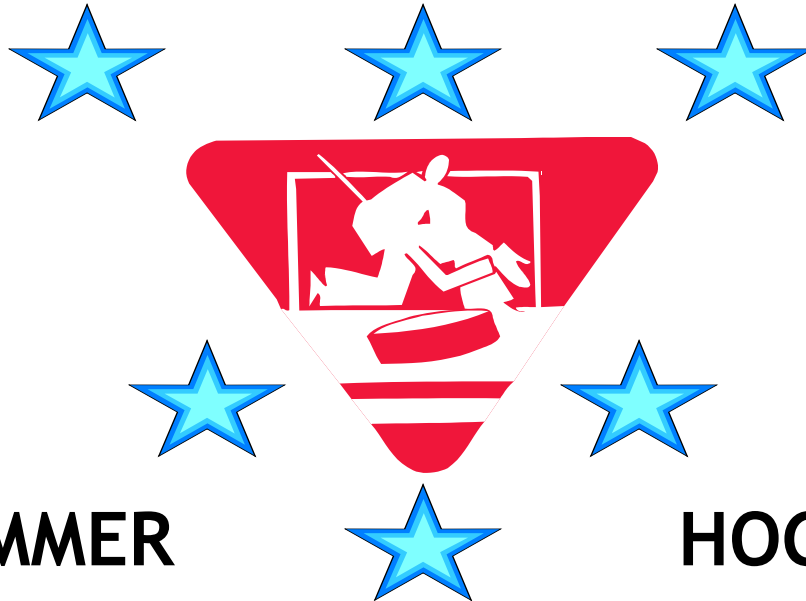


ALL S.T.A.R.

(Sportsmanship, Teamwork, And Respect)



SUMMER

HOCKEY

DAY CAMP 2021

9am-4pm

**June 14 - August 13
at IceLand Arena**

*Register by the week only.
There are no single day options or walk-ins allowed.*

*A Camp for Boys & Girls ages 6-13,
of all levels of experience!*

**Niles Park District Iceland
8435 W. Ballard Rd, Niles-60714
(847) 297-8010
Iceland@niles-parks.org**



2021 All STAR Hockey Camp Program Registration Form



Primary Household Contact: _____

Address: _____ Last Name _____ First Name _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

| Program Code | Sec. | Program Title | Days | Fee | Registrant's First & Last Name | Age | Birth Date |
|--------------|------|---------------|------|-----|--------------------------------|-----|------------|
| | | All STAR | | \$ | | | |
| | | | | \$ | Total Fees | | |

All Registration must be done in person at:
IceLand Ice Arena
 8435 W. Ballard Road
 Niles, IL 60714
 Phone: (847) 297-8010
 iceland@niles-parks.org

Payment Method:
 Cash
 Check # _____
 Visa / Master Card
 Discover

For Further Information, Please Call (847) 297-8010.

Credit Card Information
 Name: _____ Exp. Date: ____/____
 Signature: _____ Amt.: \$____.____
 Card Number: _____ - _____ - _____ - _____

Fees: Residents: \$200 / week

Non-Residents: \$250 / week

Activity: **333312**
9:00 am to 4:00 pm

Full equipment is Required

Rental Equipment: \$5.00/day: **333311**

Discount :
10% off fees for second child registered from immediate family for same week.

Before Camp Care: 333233 7am-9am
After Camp Care: 333234 4pm-6pm
 Resident: \$50 Non-Resident: \$63

There will be no refunds for missed days.

There are no transfers of single days.

Registration must be received by the Friday before the start of camp week. No walk-ins or day of registrations accepted.

_____ I understand refund policy

Please circle the weeks your child will be attending camp.

| | | | | | |
|---------------|-----------------|------|------|------|------|
| Week 1 | 6/14 | 6/15 | 6/16 | 6/17 | 6/18 |
| Week 2 | 6/21 | 6/22 | 6/23 | 6/24 | 6/25 |
| Week 3 | 6/28 | 6/29 | 6/30 | 7/01 | 7/02 |
| Week 4 | 7/05 No camp | 7/06 | 7/07 | 7/08 | 7/09 |
| Week 5 | 7/12 | 7/13 | 7/14 | 7/15 | 7/16 |
| Week 6 | 7/19 | 7/20 | 7/21 | 7/22 | 7/23 |
| Week 7 | 7/26 | 7/27 | 7/28 | 7/29 | 7/30 |
| Week 8 | 8/02 | 8/03 | 8/04 | 8/05 | 8/06 |
| Week 9 | 8/09 | 8/10 | 8/11 | 8/12 | 8/13 |

HOCKEY PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Niles Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Niles Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

NO Refunds for missed days. No transfers for missed days.

NO drop off before 9:00 am, must pick up by 4:00 pm.

Before and After care available for early or late arrival. Must register by the week, no single day registrations.

PLEASE PRINT

Participant's Name _____

Date: _____

Participant's Signature _____
(18 years or older or Parent/Guardian)