

Northwell Health Ice Center Waiver Form

I, _____ (the "Participant"), or the Participant's parent/guardian if he or she is under the age of eighteen (18), hereby acknowledge(s) and record(s) my/his or her independent and voluntary decision to participate in any skating lessons and/or other activities (collectively, the "Program") conducted by or involving, and/or to use facilities and equipment provided by, Twin Rinks Acquisition Company LLC doing business as Northwell Health Ice Center (the "Company").

The undersigned understands that ice skating and participation in the Program may entail certain anticipated and unanticipated risks, dangers and hazards, including possible serious personal injury, paralysis and/or death. The undersigned agrees that the Participant should not participate in the Program unless the Participant is medically able.

The undersigned hereby acknowledges the voluntary and informed assumption of full responsibility and liability regarding any injuries that the Participant may incur coincident to his or her participation in the Program. The undersigned hereby confirms that I have informed the Company of any medical/health concern the Participant may have, that the Participant is medically able to participate in the Program and that I accept full responsibility for the Participant's behavior and health throughout the Program.

Participant understands that photographs may be taken during the Program and consents to the use by the Company and/or its affiliates without further consideration of any such photographs in which Participant's likeness or image appears.

The undersigned, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby expressly waives, releases, discharges, indemnifies and holds harmless the Company, Nassau County, the New York Islanders Hockey Club, L.P., the National Hockey League and its member clubs, and their respective owners, parents, subsidiaries, directors, officers, employees, contractors, agents, participants, sponsors, volunteers, successors, affiliates and/or assigns and any other person or entity doing business with or on behalf of the above-listed entities (collectively, the "Releasees") from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action that the Participant may incur or acquire during the course of the Participant's involvement with the Program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

The undersigned also warrants that he or she is eighteen (18) years or older and mentally competent to grant this waiver.

Name of Participant: _____

Participant Signature (if 18 or older and competent):

Guardian/Parent Signature: _____

Date: _____

All participants must submit current USA Hockey Registration form.



CHECK OUT OUR WEBSITE!

NORTHWELLHEALTHICECENTER.COM



FACEBOOK.COM/NORTHWELLHEALTHICECENTER



HTTPS://TWITTER.COM/NHICECENTER



HTTPS://WWW.INSTAGRAM.COM/NORTHWELLHEALTHICECENTER



QUESTIONS: Contact Scott Murphy
Scott.Murphy@newyorkislanders.com

Register by phone* or in person at
Northwell Health Ice Center:

200 Merrick Avenue
East Meadow, New York 11554
516.441.0070

***Signed waivers required first day of class.**

All participants must register with USA
Hockey.

www.usahockeyregistration.com



SPRING 2019

HOCKEY ACADEMY

REGISTRATION FORM



SPRING 2019

MINI ISLANDERS (Ages 5-7):

Mini Islanders is an exciting and fun introductory hockey program. The "minis" program is designed to teach hockey-specific skating skills and puck handling. Throughout the session, players will learn proper stride, basic edge work, stopping and stick handling.

Prerequisites: Players must be able to stride, swizzle, snow plow stop, and balance on one foot on hockey skates. Completion of Basic 2, Pre Hockey 2, or a coach's recommendation.

All skills must be performed on hockey skates.

HOCKEY 101 (Ages 7-12):

Hockey 101 is a challenging class focusing on developing the skills necessary to play in the Iceworks and Northwell Health Ice Center house leagues. Players will work on backwards skating, cross overs, puck handling, passing and shooting.

Prerequisites: Players must be able to stop, skate backwards, and demonstrate basic puck handling. Completion of Mini Islanders, Basic 4, or a coach's recommendation.

All skills must be performed on hockey skates.

HOCKEY ACADEMY CLASSES

Saturday class runs from 4/27 thru 6/29

CLASS PROGRAM	9 WEEKS SAT
MINI ISLANDERS	\$225
HOCKEY 101	\$225
TOTAL DUE	

PROGRAM SCHEDULE

Please circle day/time you will attend classes.

	MINI ISLANDERS Ages 5-7	HOCKEY 101 Ages 7-12
SAT 4/27- 6/29	12:00PM-1:00PM	12:00PM-1:00PM

*NO CLASS 5/25

STUDENT INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PAYMENT INFORMATION:

CASH CHECK# _____ CC

Credit Card# /

EXP DATE CVC:

SIGNATURE: _____

Please sign waiver on back of this form.

No make-ups/No refunds.

All sessions are subject to change/cancel without notice.

Skater will NOT be permitted on ice without FULL HOCKEY GEAR, INCLUDING NECK GUARD.



TOTAL DUE

\$ _____