



2011-12 JR. ICE GIRL DANCE & CHEER CLINIC REGISTRATION FORM

Child's Name: _____

Date of Birth: _____ Age: _____

Parent or Guardian's Name: _____

Address: _____ Zip: _____

Email: _____

Emergency Contact: _____

Cell Phone: _____

How Did You Hear About the Ice Girls Clinic: _____

Clinic Cost: \$120 (as a three-clinic package*) or \$45 each walk up

*Package registration deadline is November 4

11/6 1/15 3/25

Please select T-Shirt Size:

YOUTH S YOUTH M ADULT S ADULT M

Please list any injuries, medications or allergies, or special needs we may need to know about prior to your participation:

Please send completed form and payment (CASH or CHECK) to:

Jr. Ice Girls Clinic
Texas Stars Hockey Club
2100 Avenue of the Stars
Cedar Park, Texas 78613

Checks payable to Hicks Cedar Park, LLC. Must have DL and Participant's name on check.

By SIGNING BELOW, I CERTIFY I HAVE READ THE WAIVER BELOW AND I AM AWARE THAT BY SIGNING I MAY BE WAIVING CERTAIN LEGAL RIGHTS.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

WAIVER: In consideration for Hicks Cedar Park LLC ("HCP") granting me permission to various athletic and other sports and entertainment activities, and in acknowledgment that certain risks are associated with such activity, I hereby assume such risks with full knowledge and understanding and without any coercion or distress. Additionally, I hereby irrevocably and unconditionally release and waive all claims of any nature, including but not limited to, personal injury claims, now or hereafter existing whether known or unknown, against (i) HCP and Dallas Stars, L.P. and each of their respective affiliates, employees, officers, partners, agents, owners, directors, shareholders, and (ii) the City of Cedar Park and its individual members, employees, agents, officials, authorities, boards, bureaus, commissions, divisions, departments, and offices (collectively, the "Released Parties") resulting in whole or in part from my participation in such activities, INCLUDING ANY AND ALL SUCH CLAIMS THAT MAY ARISE IN WHOLE OR IN PART DUE TO THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES. I authorize the Released Parties to obtain emergency medical treatment for me if I am injured during my participation. I understand the Released Parties may not be able to contact a parent or legal guardian under emergency circumstances. I hereby grant HCP the right to use my name, photographs, video and or other likenesses of me for any purpose and in any medium for HCP marketing and promotions without any compensation due to me. I have read this discharge, release, and waiver of liability, and fully understand its terms, and further understand the Released Parties have afforded me the opportunity to perform such activities at my request based upon, and in reliance upon, my signing of this document and the discharge, release, and waiver freely given by me in this document.