

ORIGINAL 6 ICENTER HOUSE LEAGUE APPLICATION

The league will consist of Teams and Players from Northern
Mass. & Southern NH areas

Skater Name _____ D/O/B _____

Parent/Guardian Name _____ Phone # _____

Street Address _____ City/State/Zip _____

Parent/Guardian Signature _____ E-Mail _____

COST: CASH CREDIT CHECK *Checks payable to ICENTER

Accidents while skating may cause injury. In consideration for being permitted to use the rink and participate in group lessons, tournaments etc., skaters undertake to assume all risks while taking part of or observing this activity. All patrons and their guests agree to release and waive all claims against THE ICENTER, its agents, servants, employees, and all instructors. Including any claim for injury that may be caused by equipment rented from or supplied by THE ICENTER.

