



\*\*\*APPLICATION FORM\*\*\*

Program Contact: Dan Hickman – Hockey Director – 603-894-7110

Please Check One:

Explosive Small Group Training Camp – July 6-10<sup>th</sup> – Peewees, Bantams, Midgets Only

Explosive Skills and Game Sense Camp – July 13-17<sup>th</sup>- All Levels Welcome

Explosion Training Boot Camp – July 20-24<sup>th</sup> – Bantams and Midgets Only

Parent/Guardian NAME: \_\_\_\_\_  
Player Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Player Level: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_  
PHONE: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please make check payable to: The ICENTER

**RELEASE FORM: MUST BE READ AND SIGNED BY PARENT OR GUARDIAN**

As parent/guardian of the above named child, I hereby grant permission for him/her to participate in the activities of TOP GUN NH dba ICENTER. I hereby waive, release and forever discharge said TOP GUN NH dba ICENTER, it's officers, members, agents, representatives and employees from all claims and demands with I, my heirs, executors and administrators, and those of the above named child have or may have by reason of any personal injury or injuries, property damage or damage of the nature whatsoever resulting from the participation of the above named child in the activities of TOP GUN NH dba ICENTER and any consequences arising there from.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ICECENTER**

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