

**MV Arena  
High School Summer Hockey League  
Application/Waiver**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Last Years Team & Level: \_\_\_\_\_

08-09 Class: (circle one) 8<sup>th</sup> Grade, Freshman, Sophomore, Junior, Senior

Position preferred: (circle one) Forward, Defense, Goal

**Cost: \$160.00**

**Please make checks payable to : MV Arena**

**Mail to: MV Arena, Box 2062, Vineyard Haven, MA 02568**

**Release of Liability / Acknowledgement of Risk**

*Upon entering events sponsored by the MV Arena, I agree to abide by the rules of USA Hockey as currently published. I understand and appreciate that participation or observation of the sport of ice hockey constitutes a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk and release the MV Arena, its affiliates, their sponsors, event organizers and officials from any liability therefore.*

***I have read and understand the Release of Liability Policy and agree to all the terms and conditions specified therein.***

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**All application/waiver forms and payment in full must be received no later than July 6, 2008.**