



# CLINIC REGISTRATION FORM

Clinic Name: \_\_\_\_\_ Date of Clinic: \_\_\_\_\_ Clinic Session: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Emergency/Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PAYMENT

Cash  Check  Visa  MasterCard

Full Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Verification Code: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSITUTES: an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and PROVIDE FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an UNDERSTNANDING NOT TO SUE the RELEASES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

## To Reserve a Space:

Phone – Fax – Website

Puckmasters Marlborough

121 Donald Lynch Boulevard, Marlborough MA 01752

Phone: (508) 624-9191 Fax: (508) 624-9192 [www.puckmastersma.com](http://www.puckmastersma.com)