Maksymum Hockey

2700 Brighton-Henrietta Townline Road
Rochester, New York 14623

PHONE 716.426.8488
EMAIL info@maksymumhockey.com
WEB SITE www.maksymumhockey.com

STUDENT NAME | NAME OF PARENT OR GUARDIAN | HOME NUMBER | WORK NUMBER

STREET ADDRESS | CITY AND STATE | POSTAL CODE | EMAIL ADDRESS

STUDENT LEVEL/JERSEY SIZE | MAJOR INSURANCE CARRIER | EMERGENCY CONTACT AND PHONE NUMBER

Maksymum Hockey LLC and its staff (collectively "Maksymum Hockey") strongly advise that a parent or guardian remain present during all clinics and lessons for which they have a minor attending. Maksymum Hockey disclaims all liability and responsibility for any injuries suffered or damages sustained during any Maksymum Hockey camps, clinics, lessons or other activities. The undersigned hereby agree to indemnify and hold Maksymum Hockey harmless for all injuries suffered and damages sustained and costs incurred pursuant thereto as a result of the undersigned's participation or the participation by a minor for whom the undersigned is parent or guardian in any Maksymum Hockey camp, clinic, lesson or activity. The undersigned also gives permission to Maksymum Hockey to use their likeness, or the likeness of their minor, in promotional materials including, but not limited to, brochures, flyers and the current or future Maksymum Hockey web site. Maksymum Hockey reserves the right to change or cancel programs without notice.

I hereby release Maksymum Hockey LLC, David Maksymiu and his staff on my behalf or on the behalf of my minor for whom I am a parent or guardian ("the minor"). On behalf of myself and/or the minor I expressly agree and promise to accept and assume all the risks associated with this activity.

SIGNATURE [PLEASE PROVIDE SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR] | DATE

PLEASE LIST CAMPS AND CLINICS BELOW

MAKSYMUM HOCKEY CAMP, CLINIC OR PROGRAM NAME[S]	COST
PLEASE MAKE CHECKS PAYABLE TO MAKSYMUM HOCKEY. ABSOLUTELY NO REFUNDS. >TOTAL	

PAYMENT INFORMATION

[SEND PAYMENT TO]

MAKSYMUM HOCKEY
2700 BRIGHTON-HENRIETTA TL RD
ROCHESTER, NY 14623

O CHECK O DISCOVER O VISA O MASTERCARD O AMERICAN EXPRESS

NAME ON CARD _____

SIGNATURE OF CARDHOLDER _____

CARD NUMBER _____ EXPIRATION MONTH/YEAR _____

AMOUNT _____