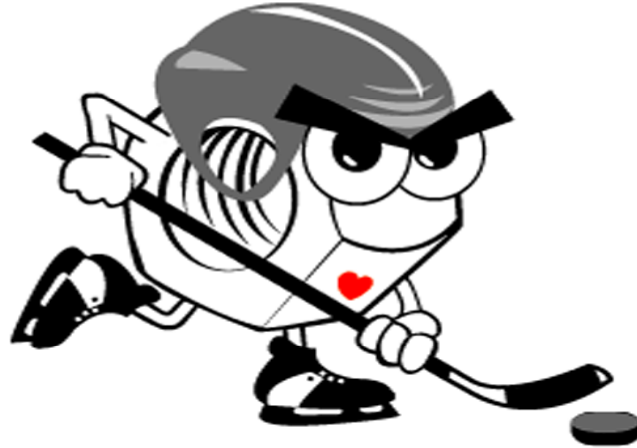


WEST ESSEX ICE HOCKEY ALUMNI MEMORIAL EVENT 2009



DECEMBER 27, 2009 - SUNDAY

(Print Clearly) Last Name	First	()	Telephone #
Street	Town	State	Zip Code
Signature of Participant	Email Address (confidential)		
Signature of Parent if <u>under 18 yrs of age</u>		Graduation Year	

All skaters must have a completed form in order to participate

In consideration of this registration being accepted, I hereby for myself heirs, executors, and administrators, waive and release any claims they may have against the Robert P. Giaimo Fund Committee, Cody Arena at South Mountain, any person or organization affiliated with the West Essex Regional School District or any of the of the aforementioned representatives successors, or assignee and any sponsors of this event (hereafter to be known as the group) from illness or injuries I may suffer from this event. It is also understood by me that no insurance coverage is provided for this event by the Group and I attest that I am in physical condition for this event. I also understand that I will not hold the Group responsible for any publicity used concerning this event and the entry fees are non-refundable.