

**Please send all completed, signed and dated forms to:**

**National Elite Hockey  
216 Bigham Street, Pittsburgh, PA 15211  
(619) 757 8199**

**Application**

**Camp(s):** \_\_\_\_\_

**Position (Circle):** F D Goalie

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Jersey Size(circle):** Youth S/M, Youth L/XL, Adult S, Adult M, Adult L, Adult XL, Goalie XXL

**Last Team:** \_\_\_\_\_

**Please Include A Non Refundable \$100 Deposit/Program/Player With Application To:**

**National Elite Hockey, 216 Bigham Street, Pittsburgh, PA 15211**

**Remaining Balance Due First Day Of Camp/League**

**Wavier**

The risk of injury from activities involved in playing Ice Hockey is significant, including the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce the risk; the risk of serious injury does exist, and as a parent or for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CLIFFORD JOHN LOYA III / NATIONAL ELITE HOCKEY CAMP, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors and advertisers; from any claims arising out of my child's participation in these activities

**Player's Name:** \_\_\_\_\_ **Player's Signature(If older than 18):** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Media Waiver

I hereby grant National Elite Hockey LLC the right to use photographs, video images and/or other media of my child for the publicity, advertising and/or other commercial purposes. I understand the event may be photographed, videotaped or otherwise recorded. I agree to let the above parties use my name, photo likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created.

Printed Name of Parent/Legal Guardian:

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Signature of Parent/Legal Guardian:

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Name(s) of Child or Children:

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Date: \_\_\_\_\_

**Please Mail to National Elite Hockey, 216 Bigham Street, Pittsburgh, PA 15211**

# Cancellation Policies

- All spots are first come, first serve.
- Remaining balance for all programs will be due the first day of program. If you signed up for multiple programs, the balance for all programs will be due the first day of your first program.
- Walk-ons and last minute sign ups are welcome at all camps based on availability.
- There will be no pro-rating of camp payment.
- Waiver and Medical Release Form must be signed and dated before player is allowed to participate.
- If a camper becomes sick or injured during a program 50% of the unused paid portion of the program tuition will be returned in a letter of credit. A Doctors note is required. No letter of credit will be given otherwise.
- One jersey will be given per camper, regardless of how many programs attending.
- If camp payment is received and the camp is sold out, you will be notified and given a full refund.
- Skaters are required to be in full USA Hockey certified equipment during all ice sessions, including sticks and hockey socks. If you do not understand what this means, please contact us at [www.nelitehockey.com](http://www.nelitehockey.com), and we will give you a list of equipment.
- If a skater has a medical condition, the instructors must be notified in writing before the first on-ice session.
- National Elite Hockey, LLC cannot provide refunds for cancellations due to unforeseen acts of God, including facility damage/closing complications or weather-related rink/facility cancellations. These are highly unlikely to occur but in the event it does, we will issue credit vouchers for the full amount paid for the affected program. If National Elite Hockey, LLC cancels for any other reason not specified above, we will offer you a full refund.
- National Elite Hockey LLC, reserves the right to cancel or change the programs, dates or locations.

Please sign and date that you understand and accept these policies:

Player's name: \_\_\_\_\_

Player's Signature if over 18: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Emergency Health Authorization**

**Please mail to National Elite Hockey, 216 Bigham Street, Pittsburgh, PA 15211**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mother's/Guardian's Daytime Phone Number:** \_\_\_\_\_

**Father's/Guardian's Daytime Phone Number:** \_\_\_\_\_

**Cell Phone Number's:** \_\_\_\_\_

**Medical Treatment Authorization**

I hereby authorize the staff of National Elite Hockey LLC to provide care that includes transportation to a local hospital for routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter, \_\_\_\_\_.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.): \_\_\_\_\_.

Date of most recent tetanus immunization: \_\_\_\_\_

(If more than ten years ago, a booster shot is recommended.)

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians at any local hospital and the staff at National Elite Hockey LLC to perform any necessary emergency treatment. I/we agree to the release of any records necessary for treatment, referral, billing, or insurance purpose to the appropriate medical care provider.

**Name of Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Name(Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Check (if applicable): HMO:** \_\_\_ **PPO:** \_\_\_

**Insurance Company:** \_\_\_\_\_

**Insurance Company's Address:** \_\_\_\_\_

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

**Policy Subscriber's Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_