



**2021-2022  
Mite  
Try-Out Registration Form**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

Parents Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Indicate Position: Forward \_\_\_\_\_ Defense \_\_\_\_\_ Goalie \_\_\_\_\_

Organization Played for Last Year: \_\_\_\_\_ Team: \_\_\_\_\_

**Please Indicate Team That You Are Trying Out For:**

**I would like my child to be evaluated for all Mite Level Teams**

**Or**

**I would like my child to be evaluated for the following team(s)**

- Mite Development**  
 **2013 Royals**       **2014 Royals**

**“Did someone refer you” \_\_\_\_\_ If so, who? \_\_\_\_\_**

- \* We recommend that you attend all tryouts for your age group. We reserve right to select players for teams after the first night.
- \* If you are going to miss a tryout, please write it on this form on the top right side and tell the person taking this form to let the evaluators know.

**TRY-OUT REGISTRATION FEE = FREE**

**PLEASE REMEMBER TO SIGN WAIVER ON REVERSE SIDE OF THIS FORM**

**All Try-Out Participants Require Full Equipment**

Tri-Town Ice Arena  
311 West River Road  
Hooksett, NH 03106  
Telephone: 603-270-1021  
Fax: 603-485-4551  
jgaudet89@gmail.com

Website: [www.tri-townicearena.com](http://www.tri-townicearena.com), [www.westriverroyals.com](http://www.westriverroyals.com)



**PARTICIPATION AGREEMENT  
RELEASE OF LIABILITY WAIVER OF CLAIMS AND ASSUMPTIONS OF RISKS**

***BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE.***

I, \_\_\_\_\_ of \_\_\_\_\_  
(Participant) (Participant Address)

\_\_\_\_\_ with a date of birth of \_\_\_\_/\_\_\_\_/\_\_\_\_ am providing this statement to Tri-Town Ice Arena Limited Partnership, Tri-Town Arena Management, LLC, and its agents or employees in consideration of allowing me to participate under License Agreement issued to

**ASSUMPTION OF RISK:** I am aware that ice-skating involves certain inherent risks, dangers and hazards, which result in serious personal injury or death. I am also aware that ice skating arenas contain potential dangers to the ice- skating public. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury while participating in ice skating activities. I further recognize and acknowledge that the risks inherent in the sport of ice-skating can be greatly reduced by: taking lessons, abiding by the Skater Responsibility Code (now known as Your Responsibility Code) and using common sense.

**RELEASE AND WAIVER OF CLAIMS AGREEMENT:** In consideration of allowing me to participate in ice skating activities at the Arena, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Arena and/or the Licensee resulting from the activities at the Arena.
2. TO RELEASE the Arena from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the activity described in this Agreement, due to any cause whatsoever, including negligence or breach of contract on the part of the Arena in the operation, supervision, design, or maintenance of the Arena.

**ARBITRATION:** In further consideration of allowing me to participate in the ice-skating activities in the Arena and/or League arising from the Leagues activities at the Arena. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and arbitration award may be enforced by any court of competent jurisdiction.

**BINDING EFFECT OF AGREEMENT:** In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

**ENTIRE AGREEMENT:** In entering into this Agreement, I am not relying upon any oral or written representations other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ARENA AND THE LEAGUE.

I ACKNOWLEDGE AND UNDERSTAND THAT ALL PROGRAM MONIES ARE NON-REFUNDABLE AND AGREE TO ADHERE TO \_\_\_\_\_ PAYMENT PLAN.  
(Name of Program)

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
IF A MINOR SIGNATURE OF PARENT

\_\_\_\_\_  
DATE