



Dallas Stars AAA Hockey-Registration

Player Information

Player First Name: _____
Player Middle Initial: _____
Player Last Name: _____
Birth Date: _____
Gender: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Citizen Of: _____

Parent/Guardian (1)

P/G First Name: _____
P/G Last Name: _____
Phone 1: _____
Phone 2: _____
Email Address 1: _____
Email Address 2: _____

Parent/Guardian (2)

P/G First Name: _____
P/G Last Name: _____
Phone 1: _____
Phone 2: _____
Email Address 1: _____
Email Address 2: _____



Organization Options

Association/Team Played for During 07-08 Season: _____

Position: _____

**Spring Camp Registration Fee: *Attention Multiple Player Families:
Your second and third+ siblings qualify for a discounted fee.**

- | | | |
|----------------------------------|--|-------------------|
| <input checked="" type="radio"/> | Spring Camp Registration Fee | |
| <input type="radio"/> | Fee applies to first player in the your family registering for the Spring Camp - all levels excluding Mites | \$1,399.00 |
| <input type="radio"/> | Mite Summer Camp Registration Fee | |
| <input type="radio"/> | Fee applies to 2000, 2001 and 2002 players only | \$899.00 |
| <input type="radio"/> | Discounted Fee for the Second Player in your family registering for the Spring Camp | \$999.00 |
| <input type="radio"/> | Discounted Fee for the Third Player and any additional players in your family registering for the Spring Camp | \$899.00 |

Make Checks Payable to: Dallas Stars AAA Hockey

**Mail to: Tamyé Fallon
1310 Province Lane
Southlake, TX 76092
Phone: 817-416-0887**



By accepting this statement you may be waiving certain legal rights including the right to sue.

ASSUMPTION OF RISK: In consideration for the Dr. Pepper StarCenter (the "Arena") granting me or my player/child permission to visit and/or participate in ice skating activities including, but not limited to, hockey, broomball and figure skating, and in acknowledgment that these activities involve certain inherent risks, dangers and hazards, which can result in serious personal injury or death, and that ice skating arenas contain potential dangers to the ice-skating public, I hereby freely agree to assume and accept any and all known and unknown risks of the injury while participating in ice skating and ice 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 know as "Your Responsibility Code") and using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: In consideration of allowing me or my player/child 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 any Dr. Pepper StarCenter (the "Arena"), Hicks, Inc. Southwest Sports Group Holdings LLC, Southwest Sports Group LLC, SSG Partnership Holdings LLC, Dallas Stars, L.P., Plano StarCenter LLC, and all of their respective employees, officers, partners, directors, shareholders or affiliates and the League (if applicable), resulting from activities at the Arena.

2. TO RELEASE THE ARENA, HICKS, INC., SOUTHWEST SPORTS GROUP HOLDINGS LLC, SOUTHWEST SPORTS GROUP LLC, SSG PARTNERSHIP HOLDING LLC, DALLAS STARS, L.P., PLANO STARCENTER LLC, AND ALL OF THEIR RESPECTIVE EMPLOYEES, OFFICERS, PARTNERS, DIRECTORS, SHAREHOLDERS OR AFFILIATES, AND THE LEAGUE (IF APPLICABLE) FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I OR MY PLAYER/CHILD MAY SUFFER, OR THAT MY NEXT OF KIN MAY SUFFER, AS A RESULT OF MY OR MY PLAYER/CHILD'S PARTICIPATION IN ANY ACTIVITY AT THE ARENA, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE OR BREACH OF CONTRACT ON THE PART OF THE ARENA AND/OR LEAGUE IN THE OPERATION, SUPERVISION, DESIGN, OR MAINTENANCE OF THE ARENA;

3. ARBITRATION: In further, consideration of allowing me or my player/child to participate in the ice skating activities in the Arena, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Arena arising from my activities at the Arena. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration 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 any court of competent jurisdiction may enforce the arbitration award.

BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, the 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 THIS AGREEMENT AND I AM AWARE THAT BY CLICKING ACCEPT I AM WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE THE ARENA AND THE LEAGUE.

Signature of Participant

Date