




# ADULT ICE HOCKEY LEAGUE



16  
Weeks



Monday Nights - 9:30-10:45PM  
 November 4th - February 24th  
 \$400 per player | Ages 18+  
*Registration Deadline: October 25th*  
 Talbot County Community Center

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use:	Total Paid _____	Cash / Check / Charge _____	Date _____	Staff Initials _____
Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107 ● parks@talbgov.org				