2026 BAUER FIRST SHIFT REGISTRATION FORM

PROGRAM DETAILS

Bauer First Shift is an introductory hockey program for first-time players that includes a full set of Bauer equipment, a gear fitting, and four on-ice sessions focused on basic hockey skills.

Registration Fee: $300
Gear Fitting: Sep. 21 at 6:00 PM at Campion Ice House
On-Ice Sessions: Oct. 11, 18, 25 & Nov. 1 at 2:45 PM at Campion Ice House
Payment: Venmo @rdrew15, cash, or check payable to Ryan Drew
Checks may be mailed to 1011 Antler Dr., Hailey, ID 83333

Child's Name:	Birthdate:
Parent's Name:	Phone Number:
Address:	Email:

TERMS OF AGREEMENT & LIABILITY WAIVER

By signing this agreement, you confirm that your child is 5 years old at the time of registration and has not previously played for Sun Valley Youth Hockey. You also commit to attending as many of the 4 scheduled on-ice sessions as possible.

1. Liability Waiver & Release:
In consideration for being allowed to participate in this activity, I release from liability and waive my right to sue Campion Ice House, Sun Valley Youth Hockey, Bauer Hockey, LLC, Event Organizers (including Ryan Drew), and their respective employees, officers, volunteers, and agents (collectively "Providers") from any and all claims, including claims of the Provider's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my child's participation in this Activity, travel to and from the Activity, or any events incidental to this Activity.

2. Assumption of Risk:
I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the Providers from all liability on my and the Participant's behalf, (b) waiving my and the Participant's right to sue the Providers, and (c) assuming all risks of the Participant's participation in this Activity. I allow the Participant to participate in this Activity. I understand that I am responsible for the Participant's obligations and acts as described in this document. I agree to be bound by the terms of this document.

3. Medical Emergency Authorization:
In the event of an injury or medical emergency during a session where I cannot be immediately reached, I grant permission to the Event Organizers and volunteers to seek and authorize necessary emergency medical treatment for my child.

Signature_____ Printed Name _____Date_____

SUBMIT COMPLETED FORM

Submit completed form to SVFirstShift@gmail.com or drop off at Campion Ice House (Attn: Ryan Drew)