



Ice House Youth Hockey Summer Clinic Registration

PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL

Participant:	DOB:
Parent/Guardian:	Email:
Cell Phone:	Home Phone:
Current Team:	Current Level:

YES NO — I would like to receive text message updates on upcoming hockey (i.e. stick & puck/ skills clinic updates)

Age Level

- Mite / Squirt / Pee Wee** **Bantam/Midget**

*A significant portion of each of the Mites / Squirts / Pee Wee Clinics will be split up by age and skill level allowing players of equal size and skill to learn together.

Clinics Entered

- | | |
|--|---|
| <input type="checkbox"/> All 7 Sessions | <input type="checkbox"/> Power Skating/Speed |
| <input type="checkbox"/> Stick Handle/Passing | <input type="checkbox"/> Shoot & Scoring A |
| <input type="checkbox"/> Shooting & Scoring B | <input type="checkbox"/> Checking & Safety |
| <input type="checkbox"/> Defense & Strategy | <input type="checkbox"/> Small Area Games |

Please Make Payment in Full

- | | |
|---|--|
| <input type="checkbox"/> All 7 Clinics \$85 (pos 5143) | <input type="checkbox"/> 1 Clinic \$15 (pos 4504) |
| <input type="checkbox"/> 2 Clinics \$30 | <input type="checkbox"/> 3 Clinics \$45 |
| <input type="checkbox"/> 4 Clinics \$60 | <input type="checkbox"/> 5 Clinics \$75 |

WAIVER (TO BE SIGNED BY A PARENT OR GUARDIAN) : In consideration of being allowed to participate in any way in the program, related events and activities I, undersigned, acknowledge, appreciate and agree that: I knowingly and freely assume all such risk, even if arising from the negligence of the releasers, and assume full responsibility for my participation. I willingly agree to comply with terms and conditions for participation. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WILMINGTON ICE HOUSE, its officers, officials, agents, and/or employees.

X _____

Date: _____