

# Women's Winter Hockey Clinic

**Hockey Skating Technique, Skills, and Power Skating.**

**Participants MUST be high school age and older.**

**All levels welcome. Levels to be determined by evaluation on first week.**

**Equipment needed for clinic, helmet, gloves and stick.**

## Session 4

Day	Period	Time	Duration	Fee	Check <input type="checkbox"/>
Wednesday	Feb. 6 - Feb. 22, 2012	9:00 - 10:30 PM	4 Weeks	\$100.00	<input type="checkbox"/>
<i>Program consists of the following: 9:00 - 10:00 PM Clinic, 10:00 - 10:30 PM Stick Practice</i>					

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

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

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

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email\*: \_\_\_\_\_

**\* Required. Note: ALL FEES MUST BE PAID IN FULL PRIOR TO PARTICIPATING IN THIS CLINIC.**

### Waiver/Release

I understand that I am purchasing a space of time to be shared by no more than 20 skaters and that I will abide by the rules of Tony Kent Arena/Mid-Cape Ice Arena, Inc. pertaining to conduct and procedures. I will not hold any employee, board member or staff member of Tony Kent Arena liable for any damages I may incur either physically, monetarily or psychologically while I am on rink property or participating in any rink activity. In the event of illness or injury, the Tony Kent Arena has my permission to provide emergency first-aid care. I also agree to pay in full for the above requested clinic.

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

*Must be over 18 years of Age.*

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

Clinic Fee: \$ \_\_\_\_\_ Check No: \_\_\_\_\_ Cash: \_\_\_\_\_ MC/VISA: \_\_\_\_\_ Date: \_\_\_\_\_