

YOUTH LEARN TO PLAY HOCKEY

At the Carolina Ice Palace

March 15th-May 3rd

\$115 for Eight Sessions

Registration Form

NAME _____ AGE _____

HOCKEY EXPERIENCE _____ YEARS _____

E-MAIL ADDRESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MEDICAL INSURANCE NAME & NUMBER _____

Instructors: Matt Mons, James Skelton

Ages: 4-15 yr. olds

Fee: \$115 for 8 sessions

**\$18.00 walk-on fee ONLY ONE WALK-ON PER SESSION Please
give a copy of the receipt to the instructor.**

Make checks payable to Carolina Ice Palace. (non-refundable)

Objective: Teach the players basic fundamentals of hockey. I.e., Stops and starts, crossovers, backward skating, balance, stick handling, passing and shooting. Note: There will be four games in the program!

***Equipment needed: Helmet w/cage, elbow pads, shin pads, gloves, stick and skates (can use rental skates)**

In consideration for the acceptance of the above named player to play hockey at the Carolina Ice Palace, and the right to use the ice rinks, locker rooms and other facilities of the Carolina Ice Palace (the "FACILITY"), I agree to pay the fees determined by the league when due. I also release Carolina Ice Palace, LLC and J & A Associates, their directors, officers, owners, officials, coaches, employees and agents from all liabilities and claims I or the above named player may hereinafter have for all injuries, damages or expenses sustained by the person or property of the player and/or the undersigned during any game, exhibition, practice or other activity with his or her team. By signing this release, I CERTIFY THAT I AM COGNIZANT OF THE RISKS AND DANGERS AND I VOLUNTARILY ASSUME THE RISK AND DANGERS ASSOCIATED WITH PARTICIPATION WITH THE TEAM.

By signing below, I am voluntarily binding myself and the above named minor (if applicable to this agreement.

Player's Signature: _____ Date: _____

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Dates: March 15th, 22nd, 29th, April 5th, 12th, 19th, 26th, and May 3rd

TIME: 6:30pm-7:20pm Monday nights