

ICE HOUSE AVALANCHE DEVELOPMENTAL HOCKEY CLINICS SPRING 2019



Register online @ <http://hockey.icehousenj.com/spring-2019-hockey-clinics/>



PROFESSIONAL INSTRUCTION FOR BOYS & GIRLS

HOCKEY LEARN TO SKATE

12-week program

Ages 10 & under

Introduction to skating on hockey skates for boys and girls with no previous skating experience. A hockey helmet with cage is required to participate. Elbow and knee pads are suggested. Rental skates are included for this clinic.

A	Tuesdays	3/05/19 – 6/04/19	5:45 – 6:15pm	NO CLINICS: 3/26, 4/16	\$195
B	Thursdays	3/07/19 – 6/06/19	5:45 – 6:15pm	NO CLINICS: 3/21, 4/11	\$195

HOCKEY LEARN TO PLAY

12-week program

Ages 10 & under

Basic skills clinic for mite age players who are capable of skating on their own the length of the rink. The main emphasis of the clinic will be skating, stickhandling and passing. Players will play a cross ice game the last 15 min. of each session. Full hockey equipment is required along with proof of USA Hockey Insurance. (https://www.usahockeyregistration.com/login_input.action)

C	Tuesdays	3/05/19 – 6/04/19	6:15 – 7:15pm	NO CLINICS: 3/26, 4/16	\$395
D	Thursdays	3/07/19 – 6/06/19	6:15 – 7:15pm	NO CLINICS: 3/21, 4/11	\$395
E	Sundays	3/10/19 – 6/16/19	9:00 – 10:00am	NO CLINICS: 4/07, 4/21, 5/26	\$395

SEMI-PRIVATE HOCKEY LESSONS

7-week program

All Ages

4 to 1 Player / Coach Ratio – Each session limited to 12 players

F	Wednesdays	4/24/19 – 6/05/19	4:45 – 5:45pm		\$480
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SPRING 2019 HOCKEY CLINIC REGISTRATION

Fill out registration below or Register online @ <http://hockey.icehousenj.com/spring-2019-hockey-clinics/>

NAME	DATE OF BIRTH
USA HOCKEY CONFIRMATION #	
ADDRESS	
CITY, STATE, ZIP	
PARENT/GUARDIAN NAME	CELL PHONE #
E-MAIL ADDRESS	

(CIRCLE PROGRAM)	LEARN TO SKATE	A	B	
	LEARN TO PLAY	C	D	E
	SEMI-PRIVATE	F		

PAYMENT INFORMATION *NO REFUNDS OR CREDITS (INCLUDING WEATHER RELATED CANCELLATIONS) / NO MAKE UP CLASSES*

AMOUNT \$ _____ CHECK # _____ (make checks payable to Ice House Hockey)

CREDIT CARD # _____ EXP. DATE _____



NAME & BILLING ADDRESS ON CREDIT CARD _____

WAIVER: I acknowledge and assume all risks of injury associated with participation in the ICE HOUSE'S hockey programs. I also agree that Midtown Bridge LLC d/b/a ICE HOUSE ("ICE HOUSE"), and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable for any injury or damage, however caused, resulting directly or indirectly from my participation in any ICE HOUSE programs at any time proceeding, during or after such program is in session. I further understand that no medical, dental, or accident insurance is provided by ICE HOUSE to any participants in the hockey program. I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me. I intend this release to be a general release of any and all claims to the fullest extent permissible by law. I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

Print Name: _____ Signature: _____ Date: _____