

# ICE HOUSE AVALANCHE DEVELOPMENTAL HOCKEY CLINICS SPRING 2017

Register online @ [www.icehousenj.com](http://www.icehousenj.com)

## PROFESSIONAL INSTRUCTION FOR BOYS & GIRLS OF ALL AGES & ABILITIES

### HOCKEY LEARN TO SKATE

**12-week program**

**Ages 10 & under**

**\$175**

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**    **3/07/17 – 6/06/17**  
**B**    **Thursdays**    **3/09/17 – 6/08/17**

**5:45 – 6:15pm**  
**5:45 – 6:15pm**

**NO CLINICS: 4/04, 4/11**  
**NO CLINICS: 4/06, 4/13**



### HOCKEY LEARN TO PLAY

**12-week program**

**Ages 10 & under**

**\$350**

Participants will be divided into three groups based on age and ability. Players will rotate through three stations designed to teach the fundamentals required to enjoy the game of ice hockey. Sessions will consist of 45 minutes of skill development followed by a 15-minute cross-ice game. Full hockey equipment including skates is required for this clinic.

**C**    **Tuesdays**    **3/07/17 – 6/06/17**  
**D**    **Thursdays**    **3/09/17 – 6/08/17**  
**E**    **Sundays**        **3/12/17 – 6/11/17**

**6:15 – 7:15pm**  
**6:15 – 7:15pm**  
**9:00 – 10:00am**

**NO CLINICS: 4/04, 4/11**  
**NO CLINICS: 4/06, 4/13**  
**NO CLINICS: 4/16, 5/28**



### SEMI-PRIVATE HOCKEY LESSONS

**7 week program**

**All Ages**

**\$475**

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

**F**    **Wednesdays**    **4/26/17 – 6/07/17**

**4:45 – 5:45pm**

**MISSED CLINICS CANNOT BE MADE UP ON ALTERNATE DAYS**

## SPRING 2017 HOCKEY CLINIC REGISTRATION

Fill out app below or Register online @ [www.icehousenj.com](http://www.icehousenj.com)

<b>NAME</b>	<b>DOB</b>
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PARENT'S NAME</b>	<b>CELL PHONE #</b>
<b>E-MAIL ADDRESS</b>	

**CLINICS: (CIRCLE)**

**LEARN TO SKATE**

**LEARN TO PLAY**

**SEMI-PRIVATE**

**A**

**B**

**C**

**D**

**E**

**F**

### PAYMENT INFORMATION

**NO REFUNDS OR CREDITS**

**AMOUNT \$** \_\_\_\_\_

**CHECK #** \_\_\_\_\_ (make checks payable to Ice House Hockey)

**CREDIT CARD #** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_



**NAME & BILLING ADDRESS ON CREDIT CARD** \_\_\_\_\_

### PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I acknowledge and assume all risks of injury associated with participation in the ICE HOUSE'S skating 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 to me or my child for any injury or damage, however caused, resulting directly or indirectly from my child's 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 to any ICE HOUSE program participant, including my child, and I, by the ICE HOUSE. 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, my child and I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law. I agree to indemnify and hold harmless the RELEASEES from and injury or damage, however caused, sustained by an invitee or guest if either me or my child resulting directly or indirectly from that invitee or guest's participation in any and all ICE HOUSE programs at any time proceeding, during, or after such program is in session. 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 \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_