



Saturday Night Adult Hockey Clinics Twin Rinks Adult Hockey League Spring/Summer 2012 Season

SATURDAY NIGHT ADULT HOCKEY CLINICS

January 21, 2012 – July 01, 2012

Saturdays from 8:50pm to 10:20pm Twin Rinks will be offering Adult Hockey Clinics for all Adult Hockey Players. These clinics will teach the basic skills and concepts of hockey: Skating, Stickhandling, Shooting, Passing and Positioning. The sessions will be divided between training and scrimmage.

- No checking - Full equipment required (Full cage as well)
- **24 Week Session.**

SATURDAY NIGHT ADULT HOCKEY CLINICS REGISTRATION FORM

Click here to register online-full pay → www.twinrinks.com/inst-clin.htm

Click here to register online-payment plan → www.twinrinks.com/inst-clin-pp.htm

Players Name: _____ Birth Date: ___/___/___ Sex: M F

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Emergency Telephone: _____ Email _____

FEES on or before 01-14-12 (24 sessions)

- 1 payment of \$516.00 (INST-CLIN 01-21-12)
- 2 payments of \$270.50. 1st payment due now, 2nd payment will be charged to credit card below on 03-21-12.

FEES after 01-14-12 (24 sessions)

- 1 payment of \$564.00 (INST-CLIN 01-21-12)
- 2 payments of \$294.50. 1st payment due now, 2nd payment will be charged to credit card below on 03-21-12.

Goalies: \$144

- Single session must be pre-approved by kayne@twinrinks.com cost \$35, date skating ___/___/___

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing this Waiver and Release of All Claims you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of this and all future activities at Twin Rinks Ice Pavilion, Inc.

"I recognize and acknowledge that there are certain risks of serious injury to participants in this activity and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my child/ward may sustain arising out of this and all future activities. I agree to waive and relinquish all claims I or my child/ward may have arising out of this and all future activities against Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees. I do hereby fully release and discharge Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward arising out of this and all future activities. I further agree to indemnify and hold harmless and defend Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, arising out of, connected with, or in any way associated with this and all future activities. In the event of an emergency, I authorize Twin Rinks Ice Pavilion, Inc's. officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for full payment of any and all medical services rendered".

Refund Policy prior to the first day: Payment Plan: No refunds. **Full Payment:** 75% refund less a \$10 administrative fee.
Refund Policy on or after the first day: Payment Plan: No refunds. Upon notification of cancellation the entire unpaid balance will immediately become due and will be charged to the credit card. **Full Payment:** 50% refund less a pro-rated per class fee for each class that has taken place up to the date of notification, less jersey cost.

I have read and fully understand the above program details, payment requirements and waiver and release of all claims.

I agree to pay the credit card charges charged to the following credit card:

Discover MC Visa _____ CVVC _____ Expires ___/___/___

Signature _____ Date _____