



SUMMER GOALIE CLINICS

Friday June 6th and Friday June 13th

6:30 – 7:30pm

An all ages, fundamental skills program for the goalie looking to improve his or her level of play. Each one-hour session focuses on the skills necessary to become a better goalie:

- Learn Proper Positioning
- Learn a Variety of Save Techniques
- Learn the Importance of Puck and Rebound Control
- Practice Skating techniques to Improve Balance and Quickness

Question? Call our Hockey Director at (847) 821-RINK ext. 118

Registration Form

Full Name _____ Phone (Home) _____ (Emergency) _____

Address _____ City _____ Zip _____ Hockey Level _____

Email _____

\$18 Friday June 6th 6:30 – 7:30 pm (5911 06-06-08)

\$18 Friday June 13th 6:30 – 7:30 pm (5921 06-13-08)

\$30 for both

Total \$ _____ (no refunds)

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"

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 _____

Signature required of all participants 18 years or older, parent or guardian signature for those under 18.