

98 and 99  
Birth Year



# Pee Wee 98 and 99 Day Camp

## Day Time Schedule

### Dates

**Monday, July 19, 2010**  
**thru**  
**Friday, July 23, 2010**

Arrive Camp 9:00am  
On Ice Power Skating 9:30am-10:30am  
Sport Court Dry Land 10:45am-11:45am  
Lunch 11:45am-12:15pm  
Video/Game/Speaker 12:30pm-1:30pm  
On Ice Puck Skills 2:00pm-2:45pm  
On Ice Scrimmage 2:45-3:30pm  
Pick Up 3:30pm

### **Cost**

**\$250.00 per player**

Please complete registration  
and return with payment to:

**Ice Line**  
700 Lawrence Drive  
West Chester PA 19380  
PH: 610-436-9670  
FAX: 610-436-4622

### **Questions?**

Contact  
Hockey Directors

Jon Bernard 610-436-9670 ext 130  
Nick Russo 610-436-9670 ext 111

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**Peewee Day Camp**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Position:            Forward                    Defense                    Goalie

Club and Level played in 2009-2010: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

**HAVING FULL KNOWLEDGE AND UNDERSTANDING OF THE NATURE OF THIS ACTIVITY AND THE HAZARDS INVOLVED, I HEREBY CERTIFY THAT I HAVE PERSONAL MEDICAL INSURANCE COVERAGE FOR ANY "BODILY INJURY" THAT MAY OCCUR AND ASSUME FULL RESPONSIBILITY FOR ALL LOSSES AND INJURIES SUSTAINED WHILE INVOLVED IN THIS ACTIVITY AS IT RELATES TO THIS FACILITY. I ALSO HOLD HARMLESS ICE LINE, ITS INSURERS, THEIR AGENTS, AND EMPLOYEES, AND ANY OF ITS ASSOCIATES FROM ANY CLAIM RELATED THERETO.**

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Relation to Player \_\_\_\_\_