

Grades K-4th

ICE LINE

Presents



# Ice Line Summer Day Camp

## Dates

**Monday, August 23, 2010  
thru  
Friday, August 27, 2010**

## Day Time Schedule

**Arrive at 8:30 am  
On Ice 9-10:00 am  
Activity/Snack 10:15-11:15am  
On Ice 11:30 -12:45pm  
Pick up 1:00pm**

## Cost

**\$200.00 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

**K-4 Day Camp: August 23 - August 27**

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 \_\_\_\_\_