

1994 Birth Year

ICE LINE

Presents



Annual March-April Skills Clinic

DATES

Tuesday, March 25, 2008
Thursday, March 27, 2008
Tuesday, April 1, 2008
Monday, April 7, 2008
Thursday, April 10, 2008

TIME

6:45-7:45 PM
6:45-7:45 PM
6:45-7:45 PM
6:45-7:45 PM
6:45-7:45 PM

Cost

\$50.00 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

*Signups will be limited to
40 Players & 6 Goalies*

Questions?

Contact Jim Binns, General Manager
610-436-9670 x118
gmanager@iceline.info

1994

Name: _____ Date of Birth: _____ Email: _____

Position: Forward Defense Goalie

Club and Level played in 2007-2008: _____

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 IN JURIES 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 _____