

2000-2001 Birth Year

ICE LINE

Presents



Annual March Skills Clinic

DATES

Monday, March 24, 2008

Tuesday, March 25, 2008

Wednesday, March 26, 2008

TIME

5:45-7:00 PM

5:45-7:00 PM

5:45-7:00 PM

Cost

\$30.00 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

2000-2001

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 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 _____