

2002-2003 Birth Year

ICE LINE

Presents



Annual Spring Skills Clinic

DATES

Wednesday, March 24, 2010
Thursday, March 25, 2010
Wednesday, March 31, 2010
Thursday, April 1, 2010

TIME

5:15-6:15 PM
5:15-6:15 PM
5:15-6:15 PM
5:15-6:15 PM

Cost

\$40.00 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

2002-2003

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 _____