

# 1998 Birth Year

ICE LINE

Presents



## Annual Spring Skills Clinic

### DATES

Wednesday, March 24, 2010

Tuesday, March 30, 2010

Thursday, April 1, 2010

Monday, April 5, 2010

### TIME

5:30-6:45 PM

5:30-6:45 PM

5:30-6:45 PM

5:30-6:45 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

1998

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 \_\_\_\_\_