



Hockey Night in Connecticut with Sound Tigers Assistant Coach Pat Bingham Summer Clinic 2008 Tuesday Evenings For Mite/Squirt, Peewee/Bantam & High School

Nine (9) Tues. Night Clinic Sessions

Age Group	Day	Dates	Time
Mite/Squirt	Tuesday	June 24-Aug. 19**	6:00pm-7:30pm
Peewee/Bantam	Tuesday	June 24-Aug. 19**	7:30pm-9:00pm
High School	Tuesday	June 24-Aug. 19**	9:00pm-10:15pm

**Exception dates- July 8th -mite/squirt- 6:30pm-8pm and Aug 19th mite/squirt-6:30pm-8pm

Clinic Curriculum:

PowerSkating, stickhandling, puck control, shooting, passing, checking skills_(peewee/bantam) and scrimmages.

About our Staff:

Pat Bingham- Assistant coach for the Bridgeport Sound Tigers. Former professional hockey player, ECHL Coach of the year in 2004.

Marty Crouse- Marty is the Head Coach of St. Joseph High School Hockey Team and has more than 25 years of coaching and teaching experience. Marty was a High School All American, two time Connecticut All State High School Champion, former Prep school and NCAA Division I and IHL hockey player.

Ed Lemaire- Ed was a member of the 1992 French National Hockey Team and played Hockey in the European Leagues. He was the Director of Drummond Hockey Schools, has over 24 years of coaching experience and is a member of the East Haven High School Hall of Fame.

Full Hockey Gear and Helmet required.

\$45 walk on fee, if available.

Limited Class Size

The Rinks at Shelton

784 River Road, Shelton, CT 06484

203-929-6500 SportsCenterCT.com

** - Occasionally, Pat Bingham may not be able to instruct due to prior Sound Tigers coaching conflicts. No refunds. 10 minutes for ice resurfacing All prices/programs and rules are subject to availability and change without notice.



Summer Clinic- Hockey Night in CT 2008

784 River Road, Shelton, CT 06484 203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment. Thank you.)

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Home #: _____

Town: _____ State/Zip _____ Work/Cell #: _____

E-mail: _____

_____ Mite/Squirt (\$279)	Acctg code: Summer clinic 2008
_____ Pee wee/Bantam (\$279)	
_____ High School (\$229)	

Credit Card Information:

I authorize The Rinks at Shelton to charge the above balance to my account without further notice.

Credit Card #- _____ Exp. Date: _____

The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation; and,
3. PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings
6. I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes without notice or remuneration of any kind. Participant has opted-in, and expressly gives their permission to receive e-mail information from Rinks.
Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature Date Signed: _____

*- No refunds. All prices/programs and rules are subject to availability and change without notice. Full hockey gear required.