



ADVANCED HOCKEY SKILLS

at SportsCenter of Connecticut
(Formerly known as Intro to Hockey)

LATE WINTER SESSION

8 Sunday Sessions

Beginning March 11th thru May 6th

Advanced Hockey Skills 1
** Noon - 1 pm

Advanced Hockey Skills 2
** Noon - 1 pm

Our hockey programs encourage the development of the beginning hockey player in a friendly and fun environment.

ADVANCED HOCKEY SKILLS 1*

A learn to play program with strong emphasis on player development. Skills & drills, power skating and scrimmages are included. Student will work toward a hockey 3 badge and advance to Hockey Development 2. (Prerequisite: Learn to Skate, Atoms or equivalent).

ADVANCED HOCKEY SKILLS 2*

A learn to play program Designed to prepare your child for house league. Learn the rules of the game, advanced skill work, positioning, stick handling- Players completing this program will earn their Hockey 4 badge and are ready for our Spring Hockey Programs and Fall House Ice Leagues. Prerequisite- Hockey 3 badge or equivalent.



REGISTER ONLINE BY FEB. 21ST FOR \$10 OFF

* **NO CLASS on Easter Sunday April 8th.**
*Required Hockey Equipment
AHS 1: Skates, hockey helmet and hockey stick (knee/elbowpads highly recommended)
AHS 2: Full ice hockey equipment

**SPACE IS LIMITED!
SIGN UP NOW!**



NOW FORMING! Tiny Tigers, Little Islanders & Atoms
(Boys and Girls ages 3-7)

Learn to play hockey/skate program specifically designed to teach beginning hockey players. Pick up a brochure for more information



784 River Road (Exit 53 off Merritt Pkwy) SHELTON
203-929-6500 (EXT. 45)

VISIT US AT: www.SportsCenterCT.com



Advanced Hockey Skills Registration Late Winter 2012

784 River Road, Shelton, CT 06484

203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment.)

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

Address: _____ Town: _____ State/Zip _____

Gender: **M F** Home #: _____ Cell #: _____ Work# _____

E-mail : _____

Program Fee \$169.00

Add: Admin session fee **\$10.00**

Total \$\$ all Program: _____

Check Day/Class you wish to attend:

Advanced Hockey Skills 1

_____ Sun. Noon-1pm

Advanced Hockey Skills 2

_____ Sun. Noon-1pm

****No Class Easter Sunday April 8th**

**Questions: Call
203-929-6500 x-45**

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

Credit Card # _____

Exp. Date: _____ 3 digit cvv2 code _____

Code: Hockey Lessons/ 2012 Late Winter
Enrolled by: _____

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

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X
Parent/Guardian Signature

X
Parent/Guardian (Please Print)

Date Signed: _____

* 10 minutes for ice resurfacing for all classes. No Make-ups. No make-ups. Pro-rata refunds only if due to injury/major sickness (Doctor's note required) net of \$35 admin fee. All programs are subject to availability. **All prices/programs are subject to change without notice.**