



# DEVELOPMENT HOCKEY

PROGRAM AT THE RINKS AT SHELTON

WINTER 2017

PROGRAM NAME	DAY	TIME	DATES	PRICE
HOCKEY 101 HOCKEY 102	THURSDAY	10 - 11AM	JAN 5 - MAR 2	\$199
HOCKEY 101 HOCKEY 102 JR DEVELOPMENT LEAGUE	SATURDAY	12-1PM	JAN 7 - MAR 4	\$199
HOCKEY 101 HOCKEY 102 JR DEVELOPMENT LEAGUE	SUNDAY	9:30 - 10:30AM	JAN 8 - MAR 5	\$199

## Rookies

An introductory hockey program designed for beginning hockey players. Instructors teach the basics of hockey. Students work toward advancing to Hockey 102.

Prerequisite - Learn to Skate Program

## Juniors

A learn to play hockey program, specifically designed to teach beginner hockey players skating and hockey skills. Students work toward advancing to Jr Development League.

Prerequisite - Learn to Skate Program

## Jr Development League

An introduction to the world of scoring hockey goals! Students refine their skills while working toward advancement to Development League (D-League)

Prerequisite - Learn to Skate Program

**SPACE IS LIMITED!**

**SIGN UP NOW AT SPORTSCENTERCT.COM**

**Required Equipment: Skates, Hockey Helmet and Stick  
(knee/elbow pads recommended)**



# Winter 2017 Development Hockey Registration

Payment in full must accompany registration

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Development Hockey Class Selection (circle applicable):

Thursday 10:00-11:00 am

Saturday 12:00 -1:00 pm

Sunday 9:30-10:30 am

## Cost:

# Of classes \_\_\_\_ x \$199 = \$ \_\_\_\_\_

Admin Fee: **\$10**

**Total:** \$ \_\_\_\_\_

## Credit Card Information-

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp \_\_\_\_ / \_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

*Visa/Mastercard/Discover/Amex are all accepted. In filling out this form, you authorize SportsCenter of Connecticut to charge the above amount.*

## 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.  
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.

## 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 \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Guardian or Participant Signature

\* 10 minutes for ice resurfacing for each class. 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.**

\*\* -Plus Insurance session fee which is retained by Rinks to reduce its total insurance costs. This is not health insurance.