

Registration Form

Player _____

Last year's team level (Circle one)
A's, B's C's, House, Termite

Birth Date: _____

Address _____

Guardian Name: _____

Home Phone: _____

Email Address _____

Emergency Contact: _____

Phone: _____

Insurance: _____

Policy # _____

Policy Holder: _____

USA Hockey # _____

Payment Enclosed:
Summer Skills (Jul-Aug)
Program: Prior to 6/20/10 \$165
 After 6/20/10 \$180
 Per Session \$30

Total enclosed: _____

Anthony Kenney
386 Maple Ave
Saratoga Springs NY 12866

SUPER MITES MITE HOCKEY SKILLS PROGRAM

Weibel Avenue Ice Arena
Saratoga Springs
July - August



Contact:
Anthony Kenney
386 Maple Ave
Saratoga Springs, NY 12866
(518)587-8043
akenney212@gmail.com

The Program

This program is designed for mite aged players (8 and under) looking to develop their hockey skills and have fun while doing it.

Skills covered:

Skating Instruction
Puck Handling
Passing
Shooting
Game Play
Sportsmanship
Game Rules

Instructor-

Anthony Kenney-

Current PE teacher South Glens Falls CSD
USA Hockey Certified Coach
USA Hockey Referee
Super Skills Instructor
Former High School Hockey Coach
SUNY Cortland College Player

Cost:

Summer Sessions:

Seven sessions

1 1/2 hrs on Ice

Wednesdays 6:00pm - 7:30pm

(Days subject to change)

July 6 6:00pm - 7:30pm

July 13 6:00pm - 7:30pm

July 20 6:00pm - 7:30pm

July 27 6:00pm - 7:30pm

August 3 6:00pm - 7:30pm

August 10 NO ICE

August 17 6:00pm - 7:30pm

August 24 6:00pm - 7:30pm

Limited to first 36 Players

Payment received prior to

June 20th, 2010 \$165

Insurance Included

Payment received after

June 20th, 2010 \$180

Insurance Included

Per session Fee \$30

Insurance Included

Release of Liability

In consideration of being permitted to participate in Super Mites Hockey Program I (Parent/Guardian) of _____
Birth Date _____ The Undersigned, acknowledge, appreciate and agree that: The risk of injury from activities involved in ice skating programs is significant, including the potential for permanent paralysis and death, and while personal skills, and personal discipline and equipment may reduce the risk, the risk of serious injury does exist,
I, KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any usual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention City of Saratoga Springs Recreation Dept. immediately; and I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, hereby release, indemnify and hold harmless, Anthony Kenney, management, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used for skating and other related ice activities. With respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise to the fullest extent permitted by law.
I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT; I FULLY UNDERSTAND IT'S TERMS; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player Sign: _____ Date: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all releasees, and, for myself, my heirs, assign 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 participation in hockey to the fullest extent of the law.

Parent sign: _____ Date: _____