



## Power Skating Clinics Summer 2009

Student Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Level: \_\_\_\_\_ Team \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Parents Names: \_\_\_\_\_

**\$45.00 for 3 weeks or \$25.00 per week**

**Mondays at 5:40—6:40 pm**

**August 3-17**

**1998's and up**

**Coached by Andrea Besson**

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

Terms and Conditions of Agreement:

1. Times and dates are subject to change if master ice schedule changes.
2. No refunds or credits will be given for classes missed by a student for any reason.
3. Classes may be cancelled by the instructor due to extenuating circumstances. Full refunds will be available should this occur.
4. Students assume the risks of skating and playing hockey; the student and parent or guardian agree that the Aerodrome Ice Skating Complex and the instructors of Power Hockey are not responsible for injury to a student or loss or damage to any personal property.

I have read and agree to the terms and conditions above:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Andrea Besson for further information: [sk8ncanuck@sbcglobal.net](mailto:sk8ncanuck@sbcglobal.net) Cell# (832)326-3925 [www.sk8ncanuck.com](http://www.sk8ncanuck.com)

