2013 Transition to Squirt Clinic Registration Form

KETTLE MORAINE ICE CENTER — WEST BE	ND, WI		
Clinic Dates and Times:			
Saturday, March 16 th 9 - 10am Sunday, April 7 th 2 - 3pm Sunday, April 14 th 2 - 3pm Sunday, April 21 st 2 - 3pm	Saturday, March 30 th Saturday, April 13 th Saturday, April 20 th	3 - 4pm 3 - 4pm 3:15 - 4:15pm	
\$70 for 7 session clinic			
Emphasis on developing: • SHOOTING • PASSING • PUCK CONTRO • FULL ICE GAME SIMULATION • POSITION			
Skaters with a 2004 or 2005 birthday are invited. Minimum of 15 Maximum of 25 skaters to be enrolled. Instruction by USA Hockey Certified coaches. Full hockey gear required – Please bring your own practice jersey.			
Fill out form below. Contact Karen Vorpahl with any questions. karen.vorpahl@charter.net or 262.483.9550			
Registration Dead line: Sunday, March 3 rd , 2013			
Participant Name Participant		Date of Birth	
Contact Email		Contact Phone Number	
Contact Name	_		
	Liability Waiver		
As hockey is an incidental contact sport, I herby Association, Instructors, and all representat during the Transition to Travel Hockey Session. By signing this form, I take full responsibility fo	ives from liability which may . I also testify to having healt	y arise as a result of accident, injury, or loss th insurance for the above named participant.	

Cost: \$70 for 7 session clinic

Date

Parent/Guardian Signature

Full hockey equipment required to be worn at all times during participation.

Please make check payable to WCYHA.

Payment: Check #	
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